INTERNATIONAL CONSORTIUM ON QUALITY IN SUBSTANCE USE DISORDERS TREATMENT

PIQAT
Program for International Quality Assurance in Treatment

Managing drug use disorder treatment services in line with international 'Key Quality Standards': A handbook for managers

THE COLOMBO PLAN

DAP Drug Advisory Programme

UNODC United Nations Office on Drugs and Crime

OAS CICAD

THE COLOMBO PLAN
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01 INTRODUCTION

ICQ AND PIQAT

In recent years, two international initiatives have been developed to improve quality in Substance Use Disorders systems and services and to align with international standards: **The International Standards for the Treatment of Drug Use Disorders' WHO/UNODC (2020) and Key Quality Standards** UNODC et al 2021).

The Program for International Quality Assurance in Treatment (PIQAT) and the International Consortium on Quality in Substance Use Disorders Treatment (ICQ) (www.icquality.org)

These initiatives prioritize compliance with international standards and offer sustainable methods to ensure fidelity through quality assurance mechanisms and continuous improvement cycles.

QA resources, mechanisms, and technical support are available to countries and organizations interested in achieving international recognition for their efforts in maintaining alignment with international standards.

ICQ: International Consortium on Quality in Substance Use Disorders Treatment

ICQ is an initiative of The Colombo Plan. Its mission is to provide global leadership and a hub for organizations interested in promoting and improving the quality of SUDs treatment system and services to ensure the best positive outcomes for people with SUDs.

ICQ was created to work with three stakeholder groups (QA agencies, treatment providers and patients, family and caregivers) and promotes quality through

- Peer-led mechanisms to support quality and quality improvement efforts at the SUDs system and service levels,
- Training on quality and quality assurance mechanisms to support quality in treatment, and
- Technical support to assist countries QA agencies (includes accreditation bodies, inspectors, regulators) to obtain the international Quality Seal award for their QA evaluation efforts.

PIQAT: Program for International Quality Assurance in Treatment

PIQAT, a Quality Assurance (QA) initiative funded by INL, and linked to ICQ, provides technical support to interested countries seeking to improve their care systems for individuals with substance use disorders. The technical assistance is based on the application of system and treatment service quality standards, following international standards and guidance. PIQAT's work is supported and offered by three international organizations -- Colombo Plan, OAS/CICAD, and UNODC.

The goal of this initiative is to enhance the network of services for individuals with substance use disorders by adhering to international system and service standards, based on scientific and ethical principles. The initiative aids countries in developing and sustaining their quality improvement endeavors. The quality assurance assessment approach is standardized yet tailored to fit a country's specific needs.

ICQ and PIQAT Work

Both the International Standards and Key Quality Standards underpin the work of ICQ and PIQAT in enhancing the quality of SUDs systems and services. These standards provide a comprehensive framework for continuous improvement and quality assurance in SUDs treatment globally.

Both initiatives aim to support countries in applying the key international guidelines thereby assisting United Nations Member States in developing or adopting national standards for accrediting treatment services for substance use disorders in accordance with their national legislation. They also seek to help establish a system of substance use disorders treatment services that utilize evidence-based approaches, grounded in scientifically based international standards and guidance.

1.1 What is this document

This document is a reference handbook on how to manage a drug (and alcohol) use disorder treatment service in line with international 'Key Quality Standards' (2021) to promote quality, effectiveness and improve patient outcomes. It is intended to provide broad guidance, recognising that drug and alcohol use disorder treatment services vary in different countries or localities according to requirements and norms.

1.2 Target Audience

This guide is intended to assist all those involved in drug and alcohol treatment service management and quality assurance. This may include managers, clinical leaders, and those responsible for quality and clinical governance. This document may also be of value to the funders, commissioners or planners of drug and alcohol use disorder services.

1.3 Why improve drug use disorder treatment service management?

Improving the capacity and quality of drug and alcohol use disorder treatment services are global priorities for all countries, as outlined in international guidelines (see references) and several international documents and toolkits have been developed (see Box 1).

This management handbook is designed to guide drug and alcohol treatment services to assess whether they are operating in line with international standards and guidelines. Specifically, this handbook helps service managers assess themselves against and implement the' Key Quality Standards' (2021).

There are many types of drug and alcohol treatment services in different settings. Some are specialized drug and alcohol treatment services and others provide drug and alcohol treatment interventions within the context of other wider health or social care services such as hospitals, mental health services or primary care.

This handbook is designed primarily for specialized drug and alcohol treatment services. However, much of the content is also relevant to primary and secondary healthcare settings that provide drug and alcohol treatment interventions.

Improving or maintaining the quality and effectiveness of any healthcare or treatment service does not just happen; it requires leadership and management. This handbook outlines key standards and good practices involved in managing a drug and alcohol treatment service in four broad areas including: service management; providing individualised, patient-centred treatment; ensuring timely access to evidence-based interventions; and promoting health, safety, and patient human rights.

Box 1. International agency guidance and standards to help improve the capacity and quality of drug use disorder treatment.

'The International Standards for the Treatment of Drug Use Disorders' (WHO/UNODC 2020). This international guidance document summarizes the current scientific evidence on treatment for drug use disorders and set out a public health framework for their implementation. It identifies the major components and features of effective systems of treatment of SUD. It also describes ethical and evidence-based treatment modalities and interventions to match the needs of people at different stages and severities of substance use disorders.

'Quality Assurance (QA) Toolkits for Drug Use Disorder Treatment System and Services' (UNODC 2022). These Toolkits outline standards and criteria and are designed to help countries, local areas and services implement mechanisms to review and QA local systems and services.

'Quality assurance in treatment for drug use disorders: Key Quality Standards for appraisal '(2021 pre-publication draft) UNODC, WHO, Colombo Plan DAP, COPOLAD, CICAD, OAD, African Union, and EMCDDA (henceforth the 'Key Quality Standards'). International agencies came together in 2019/2020 to agree 'Key Quality Standards' for drug treatment service. These are based on international agencies substance use disorder treatment standards and quality assurance mechanisms and guidance developed over the past two decades by the United Nations, World Health Organisation and standards from Europe, Latin America and the Caribbean, and Africa.

1.4 What are specialized drug and alcohol treatment services?

According to the 'International Standards' (WHO/UNODC 2020), specialized drug and alcohol treatment services are those designed and designated primarily to treat patients with drug use and alcohol disorders. This document uses the word 'patient' but we recognise some services may use terms such as 'service user' or 'client'.

Specialized drug and alcohol treatment services may be provided in a variety of settings including community-based outreach, out-patient treatment; short-term in-patient settings; and long-term or residential rehabilitation settings. One specialized drug and alcohol treatment service may provide treatment in one or a variety of settings. The 'International Standards' (WHO/UNODC 2020) outline possible interventions provided by specialized drug and alcohol treatment services including:

- Community-based interventions including interventions to reduce negative health and social consequences of substance use. This may include HIV prevention, treatment and care interventions for people who inject drugs in line with WHO, UNODC, UNAIDS technical guide (2009).
- Screening, brief interventions and referral to treatment (SBIRT)
- Comprehensive assessment
- Treatment planning and case management
- Psychosocial interventions
- Pharmacological interventions including detoxification or withdrawal management, opioid
- Medication assisted treatment.
- Relapse prevention.
- Recovery management

Some services may also provide outreach into communities to proactively contact and motivate individuals with drug and alcohol use disorders to access treatment and provide interventions to reduce the social and health consequences of their use.

Although, the primary focus of specialized services is the treatment of drug and alcohol use disorders, they may also provide interventions for other health or social care issues. Some services may be designed and designated to be specialized in the treatment of both mental health issues and drug and alcohol use disorders. On occasion, drug and alcohol treatment interventions are provided in settings not specialized for this purpose such as primary care, psychiatric hospitals, general hospitals, antenatal services, etcetera.

> Improving or maintaining the quality and effectiveness of any healthcare or treatment service does not just happen; it requires leadership and management.

1.5 The importance of recovery-orientated drug treatment services and systems.

According to international standards, 'Recovery' is a concept that should guide effective drug treatment systems and services. Recovery is generally accepted to include:

- Gaining voluntary, sustained control over drug or alcohol use
- improving health and well-being and
- reintegrating into and be a contributing and participating member of society. This may be though education, employment, rebuilding family and friend relationships, community engagement, etcetera.

As such, recovery as a concept is not at odds with helping people reduce the harm associated with drug and alcohol use. Both concepts are important and complimentary and help people address drug and alcohol use disorders and improve health, well-being and social integration.

Recovery from drug or alcohol dependence can be a long process: this is often a complex bio-psychosocial health issue can be chronic and relapsing. People with drug or alcohol dependence may need long term support to overcome dependence, deal with the collateral harms incurred while in active addiction and rebuild their lives.

Describing a drug or alcohol treatment service as 'recovery-oriented' means that it has a focus on helping patients achieve a range of recovery goals in addition to those related to substance use. A recovery-oriented approach is more than treating a health condition. It is recognising people's assets and strengths and helping improve their health and rebuild their lives around their goals. It may include goals around employment, having support networks, housing, psychological and physical health. When recovery goals have been achieved there is a focus on sustaining progress and preventing relapse.

Drug and alcohol treatment services that are recovery-oriented have the following principles.

- **'Hope'** is a key message to instill in every client or patient, no matter how complex and severe their problems - people do recover.
- Drug dependence is often a **multifaceted problem** that affects many areas of someone's life, drug and alcohol treatment alone may not be enough to help someone achieve their recovery goals.
- Recovery means creating **safety for people and helping them manage risks** to support the recovery process.
- The service should empower the person to take **personal responsibility** for their recovery.
- Services should recognise and help patients build **'recovery capital'** or strengths and resources in areas of life facilitate **autonomy** and **re-integration** into communities.
- Recovery often requires creating a **network of support** from friends, family and the wider community that supports people to achieve recovery goals.
- The treatment services may need to **work in partnership** with a range of other services in the local community to meet health and well-being and social integration goals.
- People may require **long term support** from the drug and alcohol treatment services and other organisations to overcome dependence and achieve recovery.
- People who have overcome dependence and are in recovery can provide peer-support and are assets to drug treatment services.

Some countries have produced guidance for drug treatment services on how they can review themselves and take action to ensure they are recovery orientated. (Strang et al 2012).

1.6 How to use this document.

This document may be used in different ways.

It can be used as a reference document on how to manage a drug treatment service in line with the 'Key Quality Standards' (UNODC et al 2021).

It can be shared with treatment staff teams and used as a basis to educate or train staff in teams or individually.

Managers may read the document to reflect on whether their service is operating in line with the content of each section by using the 'checklists' at the end of each section.

1.7 Auditing a drug treatment service against the Key Quality Standards (KQS)

Those responsible for the management or oversight of drug and alcohol treatment services may wish to audit their service against the Key Quality Standards' (KQS) (see Appendix A1).

Section 7 gives guidance on the four steps managers can follow to audit their services against the KQS.

In summary, these steps are:

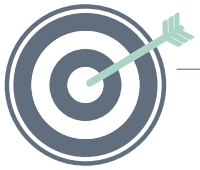
- **Adapt**: Read and select the KQS to ensure they fit the scope of the service. Culturally adapt the standards as required.
- **Assess**: assess the service against the standards and criteria selected for the service by reviewing evidence the service has that it is meeting a standard or criteria. Reach a consensus whether a standard or criteria has been met or requires improvement.
- **Report**: draft a report for the management team or quality assurance/clinical governance group for the organisation to

consider. Management considers what areas meet standards and which require improvement and create priorities for action. Give positive feedback to the service where standards are met and allocate resources and processes to improve standards where required.

- **Improve:** use evidence-based techniques to improve in line with priorities and monitor progress or reaudit standards over time.

Figure 1: Steps to review a service against KQS

However this document is used, we hope it will help people reflect upon and benchmark the quality of drug and alcohol treatment services, celebrate good work and highlight areas that require quality improvement.



02 EFFECTIVE MANAGEMENT OF DRUG TREATMENT SERVICES

Good leadership and management of drug and alcohol treatment services is essential to effective service operation and the delivery of patient-centred, evidence-based, and effective treatment.

This section covers strategic leadership and management; planning; financial management; managing service contracts and working with funders; human resource management; meeting national or local requirements for registration; facilities and equipment management; managing risk and contingency planning; information governance including managing patient records; staff whistle blowing and complaints; and building a sustainable quality assurance system. Each section gives a short definition or overview, and cites relevant international quality standards.

2.1 Service leadership and management

Both leadership and management are important to the success of a drug treatment service.

Leadership of an organisation (including drug and alcohol treatment services) is the ability to create and communicate a mission and vision and plan for a service, and motivate and manage staff to deliver the plan and shared goals in line with organisational values.

Service management concerns the process of ensuring the most effective and efficient use of resources (funding, staff, time premises etc) to achieve the agreed objectives for the service.

The service leadership and management structures and functions will vary according to the legal framework or the service and its size and composition.

a. Management Board

Many specialized drug treatment services will have a higher leadership or management structure that is responsible for the strategic leadership, management and governance of the service. This type of structure is 'good practice' and a legal requirement in some countries.

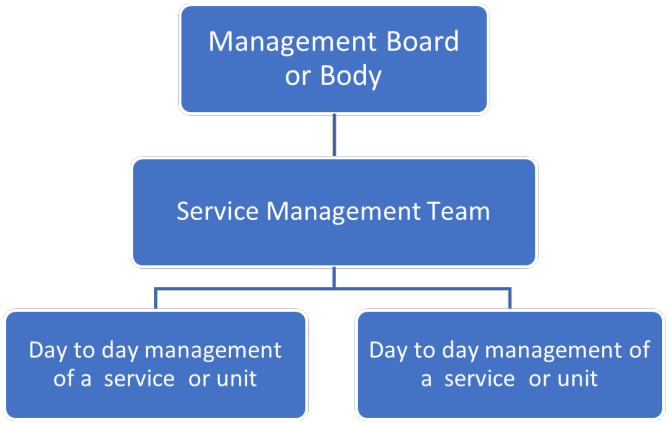
- If the service is a non-government organisation, such as a charity or not-for-profit organisation, this may be called a Management Board or Committee.
- If the service is an independent or 'for profit' organisation, this may be a Board of Directors.
- Some countries have statutory or government -run drug and alcohol treatment services. These may be separate or as part of a wider health, social care, or criminal justice services. These too may have a Management Body that provides strategic management, governance, or oversight.

In some countries, Management Boards or higher leadership structures have ultimate authority for governance of the service including meeting legal responsibilities; strategic planning, decision-making and accountability; strategic management of the service; management of risk; ensuring good human resource practice and staffing meet requirements; finances, meeting quality standards and major policy issues. It is good practice for Boards to also ensure patient

Box 2: Who and what need managing

- Resources (staff, volunteers, money, premises, time, equipment etc)
- Work (tasks, treatment processes)
- Decision-making
- Information and communication
- Responsibility and accountability
- Service development and change
- Service quality and effectiveness

Figure 2: Ideal Leadership and Management Structure


Management Board or Body
Service Management Team
Day to day management of a service or unit
Day to day management of a service or unit

involvement (or include people with 'lived experience' of substance use disorders and recovery) in the Board, service management, delivery, and development.

In some countries the service may be directly governed by a Drug Commission, State Department or Ministry. In other countries the role of this Board may be advisory. In many situations, the Chief Executive Officer or Service Director or Manager for the drug and alcohol treatment service would be required to regularly report to and meet with, a Management Board or higher management structure in relation to service governance. This would normally include reporting on: finance; contract management and relationship with funders; service performance against its planned objectives and outcomes, key staffing issues, management of risk and contingency planning, and quality assurance. All Management Board meetings should be minuted.

The Management Board would normally have a Chair who would lead meetings, and assume responsibility for decisions in-between Board meetings. The Chair would have a close working relationship with the Chief Executive Officer, Service Manager or Director, and may be responsible for their management or supervision (depending on the legal framework).

Members of the Management Board or Body should be recruited in accordance with good human resources practice in the country. They should be aware of their legal and other duties, and (if required) receive training and development to be able to fulfil their roles. Conflicts of Interest may occur. These are situations in which a Board Member may potentially derive benefit from actions or decisions made in their official capacity as a Board Member). Conflicts of Interest should be declared, minuted in meetings and managed by the Chair.

Box 3: Relevant management standards

UNODC Service standard CM1: The service is managed by the organisation and Criterion B. The service has senior governance of the service

Evidence:

Organisation description, evidence of senior management team/Board meetings e.g., minutes, terms of reference

Notes:

The organisation senior management team or body, or Board of governors will provide oversight and govern the service. *'The International Standards for the Treatment of Drug Use Disorders' (WHO/UNODC 2020)* recommends 'It is advisable to establish an external board to provide oversight, thereby ensuring that directors and staff of long-term residential treatment settings comply with good practice and ethics and refrain from abusing their power' (page 53). This criterion refers to strategic management NOT management of the day-to day functioning of the service by clinicians or a manager.

b. Service management team

The service would normally have senior team responsible for managing the service. This team will need to have core management knowledge, skills and practices that include

- A clear and shared understanding of why the service exists
- clear and shared understanding of long and short-term goals
- An understanding of the resources available
- Ability to plan, co-ordinate and organise resources to meet service missions and goals
- A commitment to quality and ability to implement quality assurance mechanisms
- The ability and flexibility to manage risk and change plans as circumstances require.

The management team would normally consist of (as a minimum)

- the most senior manager (this position may be called the CEO, Service Director, Service Manager or Chief Operating Officer)
- the Clinical Lead for the service (if medical, nursing, or psychological interventions are provided). In most countries this would be the lead doctor for the service who normally carries the legal clinical responsibility for medical treatment provided.
- administrative staff to take minutes,
- staff responsible for data, business management/finance and quality (if appropriate)
- staff responsible for human resources and finance (in medium or larger organisations)
- other 'middle management' staff as required
- Patient involvement in the service management team is good practice. This may be achieved by either by inviting a trained patient representative to be part of meetings or have a mechanism to feed in patient views (see section 3.6).

The Service Management Team may meet weekly, fortnightly, or monthly (depending on the scale and scope of the service) to manage: finances; staff; performance against service contracts; business and service development; service quality; and manage risks and contingency planning. Again, this meeting should be minuted with accurate recording of decisions and actions.

2.2 Service Planning

a. Strategic Planning

Strategic Planning is a process that helps service Board or senior leadership team define and agree the service mission, vision, values, and goals, and then agree and document a 'route map' of how the service can achieve these in a defined time-period. Developing a broad strategic plan for an organisation may involve the following steps

- Develop the service Mission, Vision and Values statements
- Describe service objectives, patient groups and activities
- Agree goals - normally 3 to 5 years, considering the operating environment
- Set a broad strategy – with priorities, ideally after consultation with key stakeholders
- Agree Key Performance Indicators (KPIs), (such as the target numbers of patients the service should treat; staffing; finances) and then monitoring and review of KPIs.

The key plans for a service are normally:

- The Strategic Plan, concerned with longer term service continuity and development. They typically cover 3 to 5 years
- An Annual Plans. Shorter-term plans that are developed from a broader strategic plan and have more detail on how goals will be achieved in the next year.
- Risk registers and risk management plans are normally linked to the current plan. They identify risks to service delivery and continuity and enable contingencies to be quickly agreed and implemented. These are normally regularly reviewed by a Board or Senior Management Team.
- Smaller services may have one plan with several components. Larger or more complex services may have several planning documents and/or be part of an overall larger organisation plan.

Box 4: Strategic Planning components

KEY AREA	COMPONENTS
Service aims, objectives and key performance indicators	• Outline the agreed service mission, vision, values • Outline services to be delivered • Outline target patient groups • Agree service performance/outcomes and allied key performance indicator (KPI) monitoring
Analysis of the environment	• Identify key trends in the operating environment that may impact (funding, substance use trends, other providers, legal or regulatory changes) • Identify external opportunities and threats
Operational review	• Review service delivery in line with guidance (evidence-based interventions, recovery-oriented approach, patient access, throughput, and outcomes). Identify internal strengths and weaknesses • Identify management and staffing requirements to develop in line with service objectives • Review patient involvement and quality assurance mechanisms • Review external key stakeholder relationships (funders, other providers, local community etc)
Finance	• Summarise financial income and expenditure (last 2 years) • Project future income and expenditure • Summarise financial requirements for duration of the plan and how these will be met
Risk management	• Identify key risks (financial, clinical, staffing, to continuity (e.g., pandemics), patient profiles etc) • Develop contingency plans to mitigate each risk
Marketing and communication	• Review effectiveness of current communications and marketing including reducing stigma • Identify target audiences for marketing and effective approaches for each • Identify and allocate resources to activities
Review	• Set a period/s for review • Implement KPI monitoring for the period of the business plan

b. Mission, vision, and values statements

Mission statements

A mission statement is a clear and concise expression of the purpose of the service and its main activities. Put simply, the mission statement should outline what the service is providing, to who, and why, in one or two sentences that are easy to understand by any audience. These statements are based in the present.

A mission statement should ideally be formulated by a participatory process involving consultation with the Board, managers, staff, patients, and key stakeholder such as funders.

Examples of mission statements for a drug or alcohol treatment service include

> We are dedicated to helping individuals, families, and communities recover from drug and alcohol problems.

> Our mission is to help people change the direction of their lives, grow as individuals, and live life to its full potential.

> To provide a quality continuum of care and support to all people, especially those affected by addiction, by responding to their mental, physical, emotional and spiritual needs".

Vision statements

Many drug and alcohol treatment services also have vision statements that accompany a mission statement. Vision statements often describe the longer-term desired results or what the service hopes to be and achieve. These statements normally refer to the future. Examples of vision statements from the drug treatment services above are:

> The vision we're working towards is to develop, deliver and share a whole person approach that changes society.

> Led by our mission, our vision is to participate together as a team in this meaningful work, in a collegial, responsible and financially sound atmosphere.

c. Values statements

Over recent decades, many drug and alcohol treatment services have also developed 'value statements' to reflect the services core principles or ethics. Value statements define what the organisation believes in and how the staff in the organisation are expected to behave. As such it provides an ethical direction for the service that is meant to guide planning and decision-making. Some values statements are short, and others are lists with explanations. Examples of drug and alcohol treatment service values statements (abridged) include:

*"**Leadership**: set standards in the community regarding the education, prevention, and treatment of addiction.*

***Accountability**: deliver this care so that it is accessible, affordable, effective, and efficient.*

***Respect**: care for individuals regardless of their circumstances and to treat consumers and their families as well as our employees and colleagues with dignity and honesty.*

***Teamwork**: design and provide services in a non-judgmental, respectful, and culturally*

competent manner, enabling the greatest level of partnership and self-determination for each consumer

***Learning**: improve our understanding of disease, trauma, and social stigma"*

> Be open, be compassionate, be bold. Make a difference.

> We believe in being the best. We are passionate about recovery. We value our history and use it to inform our future.

d. Risk management and contingency planning

It is good practice for all health care organisations to have a risk management framework to identify, monitor, mitigate and prevent risks to patients, staff, community members and, sometimes to the service itself. A major focus of risk management is patient health and safety. Preventing risk of death or injury or harm to patients is paramount – particularly harm due to clinical or medical errors or failures in service delivery or continuity. Risk management frameworks also feature risks to staff and staff capacity, risk of loss of finance, funding or contracts, risk of data or information security breaches, risk of legal action or liability, critical incident management and the management of emergencies such as a pandemic.

Risk management processes normally include:

- Identifying risks and developing a risk register and a mitigation or management plan. This would normally include: key risks, actions to mitigate risks, by who and progress on mitigating action. how the risk would be rated after mitigation, plus ratings of likelihood of occurrence, severity of impact and risk after mitigation. (see Box 6 for an example).
- Having established risk management policies

Box 5: Standards related to planning

Key Quality Standards (2021)

M1. The service adequately plans the delivery of treatment and care for drug use disorders

Criterion:

A: The service has a written action plan for its functioning and development

Evidence:

A written plan with stated targets for a set timeframe e.g., an annual plan

Information from managers

Notes:

M1a: A Service Plan or Strategic Plan would commonly include: vision, principles, objectives, targets and activities, roles and responsibilities, timeline and indicators, elements such as a description of the service; the services provided; numbers of patients; priorities; staffing; finances and targets for reporting period, etc

UNODC Service Standards: Core Management

CM2: The Service has a strategic or action plan

Criterion

A: The service has a mission statement

B: The service has a written plan of what it intends to accomplish in the reporting period

C: The service plan is reviewed regularly

Evidence:

Service documents, manager interview

Notes

A. A mission statement is a brief description of the services aims and values that outlines the services' fundamental purpose for staff, partner organisations, clients, and the public.

B. The service plan would normally include: a description of the service; the services provided; numbers of clients/patients and expected outputs or outcomes; priorities; staffing; finances and targets for the reporting period

C. The review period may vary in different countries or settings. Services may have a three-year plan but with an annual review.

- The risk register should be regularly reviewed by the management team (normally monthly or bi-monthly).
- This risk management system may be unpinned by information and data that is regularly collected and reviewed to inform risk registers. The International Society for Quality in Healthcare (ISQua) has risk planning and management as part of core standards that quality assurance agencies are advised to have for health services to reach accreditation.

Box 6: Example of a Risk Register

Date raised	Risk de-scription	How likely	Impact	Risk Rating	Who owns	Mitigating action	Progress	Trend
Jan 2022	Medication errors	low	high	low	Dr G	Electronic prescribing record Monthly prescription audit Dr training on protocols 3mthly patient medication reviews	By March 2022 In place Dec 2021 Started Jan 2022	

e. Monitoring and review of service plans

Service strategic or annual plans should be active, 'live' documents that are utilized to manage the service and are regularly reviewed by the Board and Service Management Team. They should not be documents that are 'left on a shelf'.

To enable monitoring and review of plans, drug and alcohol treatment services will need to agree what data and information will be required to judge the success of the plans and challenges or difficulties encountered and why. Performance monitoring data, financial data, outcome data and patient and staff feedback may be helpful to review plans. Data and information should ideally be available on an annual basis to review strategic plans, quarterly to review annual plans and monthly (or if risks are identified) to review risk management plans.

Monitoring and performance data may also be required for the funders of the service to meet contractual requirements or expectations or,

for internal or external quality assurance purposes.

2.3 Managing financial resources

a. Financial resource management

Financial resource management is a critical part of drug and alcohol treatment service management. Services should be designed and delivered within the boundaries of the funding available and have sufficient income to meet their planned service delivery. If they are not, they may not have sufficient income to be sustainable. Funding is rarely sufficient to meet all local need.

Different types of services, in different countries may have very different financial situations and financial planning will need to be tailored to the service requirements.

- Some drug and alcohol treatment services are part of a larger organisation such as a hospital or larger network of services and, may not have financial responsibility devolved from the 'parent' organisation. Or they may have a partial devolved budget for some elements of the service only. Other services may have full responsibility for financial management.
- Some services may be funded by one funder such as a government department or donor under a single contract. Other services may have multiple funders and contracts.
- Some services may receive funding

under health insurance arrangements for individual patients. This can be complex and may require providers to work with a number of different insurance companies with different tariffs and reporting requirements.

- Others may be funded by a range of grant funding for different aspects of the service and /or individual patient funding (from self-pay patients or health insurance).
- Some drug and alcohol treatment services may sub-contract elements of services, such as cleaning and these subcontracts will also require financial management.
- Drug and alcohol treatment services may be required to provide defined interventions or treatment for an agreed cost or level of funding per patient or 'unit cost' per treatment episode. This can require detailed revenue cycle management procedures and system- especially if the service is funded via health insurance for individual patients.
- Most funders will have financial reporting requirements (and performance measures) that may be outlined in contracts or service specifications.
- Countries or local areas may also have legal frameworks and regulations concerning how services should manage and report finances – and this may vary according to whether a service is a 'not for profit' or charity, a statutory or state service or a private or 'for profit' service.

Whatever the arrangements, it is good practice to have clear mechanisms to ensure a service operates within budget.

b. Financial planning

Services are advised to have a financial strategy that will plan for the current year and ideally for the next three years. This process is normally part of business or strategic planning processes outlined earlier.

The process of financial planning provides an opportunity to focus on what income is or will be available, what services will be provided, what resources will need to be allocated and what risk factors exist, including loss of income. It is critical not to overestimate potential income or underestimate the costs of providing a service. A cause of drug and alcohol service closure is an inability to secure sufficient resources or poor financial planning.

Service management teams and Boards are responsible for ensuring that resources are appropriately used and monitored.

Financial systems should be in place that permit costing of interventions or patient treatment. Yearly budgets for the financial year should be approved by the most senior manager and Board. Ideally finances should be monitored monthly by the management team and at least every three months by the Board. This will allow for realistic tracking of income and expenditure against budgets and early responses to changing circumstances.

The service should also have sets of approved policies and procedures for financial management that are in line with laws and financial regulations and are reviewed on a regular basis.

c. Key financial requirements for good practice

- A realistic financial strategy in line with the service Strategic or Annual Plan.
- An annual budget to guide service delivery and practice. This should identify all elements of projected income and expenditure and have at least quarterly review by the Board.
- Monthly review of income and expenditure or financial operating statement by the service management team.
- Clear costing of each specific unit of service delivery – with a view to move to a system which provides costs for patient treatment episodes (unit costing).
- A pricing strategy for treatment elements/ packages and/or different patient groups. This should ensure pricing is in line with local, national or insurance tariffs.
- If insurance funding is an income stream, the service manager will need clarity about what insurance companies will fund and not fund and whether patients are responsible for partial 'self-pay' or 'extra charges.

Box 6: Standards related to financial management

Key Quality Standards (2021)

M2. The service operates within established financial procedures

Criterion:

A: The service has clearly formulated procedures to manage and report on financial resources allocated to its functioning and development

B. The service has a budget allocated for its functioning and delivery according to the written plan

Evidence:

A. Financial procedures documents, Information from managers

B. Established budget for set timeframe e.g., annual

Evidence the budget meets the plan

Information from managers

C. Financial reports, Information from managers

Notes:

M2a: Financial procedures may include: purchasing or goods, equipment, or contractors; payment of personnel and bills and utilities; keeping records of financial transactions; 'petty cash' management; patient fees procedures (if applicable); etc.

M2b: Having a current service budget is good practice and required in many countries.

M2c: 'Regular' finance reports may be annual, quarterly, or monthly depending on the type of service and requirement of its management/ board/funding bodies.

UNODC Service Standards: Core Management

CM3: The service has sufficient financial resources and procedures for financial management

Criterion

A. The service has a budget to meet its plan and reports regularly against expenditure (to the Board or Senior Management Team)

B. The service has established financial procedures

C. If the services charges patients for treatment, fees should be explained to patients prior to treatment

Evidence:

Service documents, service budget, finance reports to Board or Senior Management Team, manager interview

Financial systems should be underpinned by guidelines and financial policies and procedures that are known to relevant staff and monitored. These may include

- Recording and reporting of income and expenditure (internal)
- Financial reporting for funders
- Recording and receipt of payments
- Banking cash and cheques
- Agreement of staff salaries
- Paying staff salaries and expenses
- Payment of volunteers (expenses etc)
- Payment of patient representatives or patient involvement activities (if appropriate)
- Payment of Board or Advisory Board members (if appropriate)
- Payment of staff contributions such as tax and insurance and pensions
- Paying taxes (if required)
- Processing patient insurance for treatment interventions (if required)
- Rates and procedures for agreeing, charging, and collecting Patient fees (if applicable)
- Revenue Cycle Management
- Contracting and payment of liability insurance (if required)
- Contracting and payment of sub-contractors
- Handling of 'Petty cash'
- Donations - ensuring money or goods given as donations are recorded and used for the purpose given
- Management of incidents relating to financial management such as theft, fraud, etc
- Auditing of accounts

In addition, in some countries, some types of services may be required to have their company accounts or their annual financial reporting audited by and/or approved by external financial auditors.

2.4 Managing contracts and working with funders

As outlined above, drug and alcohol treatment services may be funded in a variety of ways with some having one source of funding and others having multiple sources of funding or having complex arrangements involving patient health insurance companies. For some services, their funding is embedded within a larger organisation such as a mental health service or a hospital.

It is good practice for any service manager to cultivate, maintain and actively manage a positive working relationship with the organisation or organisations that fund the service. Whether this is a host organisation such as a hospital management Board, or external funders, health insurance bodies or donors.

Ideally, this positive working relationship would involve:

- Having a named individual that is responsible for funding the service or your contract.
- Clarity about what information and communication is required by the funder and when, including:
  - financial reports.
  - contract monitoring reports.
  - reports against agreed Key Performance Indicators.
  - what information may be required in case of incidents of risk to service delivery, risk to patients or risk to service reputation such as complaints or incident reports.
- Regular, planned communication with the funder
- Contract monitoring meetings where issues can be raised and discussed in a professional manner. Ideally, a service's good performance would be welcomed and problems or issues that have arisen can be discussed in a solution-focused manner.
- Pre-agreement with the funder about
  - what information may be required by them in the case of a serious incident, patient or staff complaints or negative media coverage.
  - when and what additional information should be shared such as quality assurance or inspection reports.
  - the potential to discuss future funding opportunities and potential service developments.
  - Agreement with the funder on how service information and communication materials should acknowledge the funder
  - The protocol around inviting to the funder for service events such as awards events.

The principles of fostering positive relationships and having regular communication can be applied to other stakeholder such as local community organisations.

See also Standard PC4: The service works in partnership with other services to meet patient needs. page 30.

It is rare that any one drug or alcohol treatment service has the remit or the funding to cover the full range of patients diverse and complex needs in a locality. Actively cultivating and managing partnerships with other drug and alcohol treatment services and health, social care and criminal justice service providers is therefore important to help facilitate patient access to a range of other services, co-ordinate current treatment or interventions and to foster joint work. This is covered later in Standard PC4.

2.5 Management of human resources

Human resource (HR) management and development concerns all aspects of staff employment - including volunteers.

It includes how staff are recruited, employed, managed, organised, motivated, treated, supervised, appraised, trained, and paid. It also covers staff working conditions, well-being and staff personnel and record systems.

Successful HR management is likely to involve:

- Recruiting, developing, and motivating staff and volunteers to fulfil the service mission
- Developing an organisational structure and climate and evolving a management style which promotes co-operation and commitment throughout the service

- Ensuring staff operate in line with the service values and that staff behaviour or action that breaches patients' human rights, dignity or respect is quickly addressed.
- Making the best use of the skills and abilities of all staff and volunteers
- Ensuring that the service meets legal and required responsibilities towards staff and volunteers particularly conditions of employment and quality of working life.

a. Management and staffing structure

A good management and staffing structure should facilitate operational management, evidence-based and effective treatment, and service monitoring in line with the service plan.

The service should have clear lines of accountability, management, decision-making and communication that are known by all staff. The staff management hierarchy should be clear and transparent.

All staff should be clear about their role and duties, the level of competency they are required to have to do their job, and what behaviour and conduct the service expects from them.

There should also be a comprehensive set of policies and procedures that govern HR management, that are known and available to all staff. These should be in line with the country norms, legislation, regulations, and professional group guidance, and should be regularly reviewed. Staff and volunteer handbooks, available to all staff and volunteers can be helpful resources for employees.

The staff team

The service will need to ensure that individual staff (and the staff team as a whole) have the skills, knowledge, experience, and attitudes to be able to respond to patient need and provide effective, caring and evidence-based treatment and recovery interventions.

The team should also be appropriately balanced with respect to race and ethnicity, sex, language, etc. In many countries, it is expected that the staff team, at least partially, reflects the target patient population groups.

In a specialized drug treatment service, a multi-disciplinary staff team is ideal – depending upon the service remit or specification. The provision of recovery-orientated drug treatment is recommended by international guidelines. This normally includes providing peer support and mutual aid by staff or volunteers with 'lived experience" of substance use disorders and recovery. Indeed, having training and competent staff and/or volunteers who are visible examples of people in recovery from substance use disorders can be inspirational and provide hope for patients.

Box 7: M3: The service adequately manages its human resources to provide effective and caring treatment

Key Quality Standards (2021)

Criterion:

M3a: The service staffing structure meets national regulations or the current service plan

Evidence:

Written documentation on human resource allocation.

Personnel/patient ratios or caseload information from managers

Notes:

Requirements for staff numbers and disciplines may vary in different countries. Some countries specify the personnel required for different specialized drug use disorder services. If personnel expectations are not explicit, the scoring should be agreed in advance of assessment by the QA team and services. Assessors should make notes of the numbers of patients and daily attendance, the type of services (out-patient/in-patient/residential), personnel numbers (onsite and on call) and profile/professional background (managers, administration, receptionist, doctors, nurses, psychologists, counsellors, volunteers etc).

See also

UNODC Service Standards: Core Management

CM5: The service manages its human resources to provide effective treatment

Criteria

CM5A: The service has sufficient staff capacity to meet its plan or national requirements

b. Recruitment and selection

Service should establish and maintain effective procedures to ensure they are able to recruit and employ staff with the appropriate skills, knowledge and experience, values, and motivation.

Good practice in recruitment and selection includes having clear job descriptions, person specification and renumeration packages for each role. In some countries these reflect national competency and salary frameworks – particularly for professional staff such as nurses, psychologists, and doctors.

The service should have clear formats and procedures for advertising jobs.

In relation to staff selection, the service should have set procedures on how staff are selected and how information is gathered to prove they are competent and safe to do their job (in line with country norms and laws). Staff selection procedures may include:

- how people apply for a job (normally by completing an application or submitting a curriculum vitae and supporting documents.
- what 'paperwork' or proof of education and training is required from candidates (qualification verification, certificates or proof of competence etc).
- transparent processes for the selection of candidates including clear selection criteria, interviews procedures (and who is on interview panels), employment 'testing requirements' such as examination of knowledge or skills required, and decision-making and recording of interview results for candidate feedback or in case of a challenge.
- the process of gathering references for candidates.
- security or safety clearance or legal checks required from authorities for potential staff.

The service policies will need to follow country laws and regulations in relation to employment such as equality of opportunity legislation. All potential staff will need to fulfil residency and employment requirements for the country (especially if the candidate is a legal citizen of another country).

Once recruited, every staff member should have a contract of employment with the employer with clear terms and conditions (in line with country laws and norms).

In the first weeks or months of employment, it is good practice for the service to provide:

- induction or orientation training for newly appointed staff
- a 'probationary period' of employment for new staff. This is normally three to six months, with staff expected to demonstrate competency during this time before receiving a long-term contract. Probationary period reviews should have clear criteria for passing.

c. Staff management, supervision, and appraisal

i. Staff management

All staff should be actively managed by their line manager to ensure they are performing and supported in their roles. Managers should also encourage and motivate teams and Individuals to maximise staff engagement and help them feel valued. Meeting with a line manager and receiving regular supervision are key elements in managing, motivating, supporting, and developing staff.

ii. Staff supervision

It is good practice that staff have access to organized individual supervision that supports them in their work and in developing and improving practice. Supervision may be a requirement for some professional disciplines such as nurses or counsellors to keep professional requirements to practice.

Services should have a written supervision policy that outlines the type, content, and frequency of supervision for different disciplines of staff. All staff require supervision. The content of supervision will be different for different roles. For example, administrative staff may receive supervision in relation to the administrative work they perform, customer service, how they work with colleagues and the service values. Staff who actively provide treatment and care for patients or clinical staff (such as a key worker, case manager, nurse, doctor, counsellor, or psychologist), should receive clinical supervision in relation to their work with patients – to ensure ethical, evidence-based practice (ideally by a senior clinician from their discipline). They may also be supervised on their performance in a team, and their administrative duties such as patient notes, etc. Clinical staff may also receive group supervision regarding patients or a therapeutic intervention with a senior clinician.

Supervision sessions would normally last around 1 hour. The minimum recommended frequency of supervision is monthly. Supervision sessions should be minuted and minutes formally agreed for the benefit of the supervisor and employee.

Effective supervision will therefore include:

- Regular supervision in line with the service policy (ideally monthly sessions of around 1 hour with the employee's manager of supervisor)
- Managerial supervision in relation to job description, teamwork, and service values
- Clinical supervision (for those providing treatment and care for patients)
- Minutes of supervision sessions should be agreed with actions noted. These should be provided to the employee as soon after the supervision as possible.
- Supervisors should be trained and competent in the supervision of the staff they supervise.

iii. Staff appraisal

Staff appraisals assess and review staff performance against their job description, at agreed points, to maximise staff effectiveness; agree individual staff development plans; and develop staff potential. Services should have staff appraisal policies that are communicated to all staff and are understood by them. An effective staff appraisal system should:

Be underpinned by a staff appraisal policy

Staff appraisals should be fair and transparent with the staff member and the manager giving feedback on the staff member's performance in key areas of the staff role

Be informed by data on attendance at work and performance where available

Review achievements since the last appraisal and whether targets set were achieved

Identify training and development requirements of staff and how these may be met. Ideally each staff member would have an individual training plan following appraisal.

Appraisals should be provided by staff trained in the service appraisal system.

Box 7: Standard M3: The service adequately manages its human resources to provide effective and caring treatment

Key Quality Standards (2021)

Criterion:

M3b: The service ensures that personnel are competent and have the necessary education and training

Evidence:

Staff records such as staff qualifications, credentials, training records. Information from managers and staff.

Notes:

Personnel of staff competence is defined as 'the skills, experience and/or qualifications/ credentials required to perform a job'. Staff competence requirements may vary from country to country. Direct evaluation of staff skills and experience is beyond the goals of this tool. Staff competence is assessed by audits of staff records.

Criterion:

M3c: Personnel receive regular technical and personal supervision and support

Evidence:

Documents or protocols for regular staff supervision and support. Staff record audit of supervision and support.

Information from managers and staff

Notes:

This criterion reflects an expectation of regular supervision (e.g., monthly) and support for personnel providing direct treatment or interventions to patients

See also

UNODC Service Standards: Core Management

CM5: The service manages its human resources to provide effective treatment

Criteria

CM5B: Staff are competent to carry out their duties

CM5C: Staff delivering clinical or psychosocial interventions receive regular supervision, training, and development to ensure competence and prevent burn-out

d. Service training strategy

Ideally, services should develop an organisation-wide training strategy or plan for the forthcoming year, based on a training and development needs analysis of the whole team of staff and volunteers. This should also be related to the service business plan with targets of key performance indicators (as required).

Links between staff training, supervision and appraisal system will anchor training and development in clearly identified staff needs.

Some training and development may be delivered 'in-house' by senior, competent staff members but some may need to be externally sourced.

The different requirements for different groups of staff should be considered in the strategy, such as managers, administrators, data staff, clinical staff, volunteers and reception and security staff (if part of the service).

Adequate financial resources for training and staff development should be allocated in the service budget.

An effective training strategy or plan will include:

- A statement of priorities
- A commitment to ensuring staff competence in all roles
- A clear system for identifying staff training and development requirements
- Links between staff appraisal and training and development
- Outline what training and development will be provided within the year, including: whether the training is internal or external, and on-line or in-person, expected numbers; what will be provided for different staff groups
- How training will be embedded into practice (for example monitoring, supervision etc)
- A budget for training and development
- How the training strategy plan will be monitored and reviewed the following year.

e. Staff Wellbeing

There is recognition in international guidance that providing drug treatment services can be stressful for staff and may be associated with higher levels of 'burn-out' and lower staff retention rates. In addition, drug treatment services may also have staff and volunteers that have 'lived experience' of substance use disorders and who may be more vulnerable to burn-out or be more likely to have underlying health issues.

Actively promoting health and well-being in a staff team is therefore good practice. Service-wide health and well-being initiatives can also be beneficial to both staff and patients. Improving health and well-being initiatives can also foster better therapeutic relationships if patients are aware staff are also seeking to improve their own physical and mental health and resilience by initiatives such as increasing exercise; reducing obesity; smoking cessation; etc.

It is good practice for drug treatment services to develop, in consultation with staff, annual health and wellbeing plans. This could be as simple as implementing a weekly, fun staff exercise session, or a smoking cessation programme, or an extensive programme such as the evidence-based service-wide "5 ways to Well-Being" initiative (see reference section).

f. Staff health and safety, insurance, and liability

Services have a duty of care to staff (as well as patients) to ensure health and safety at work. This may involve the service having implemented policies and practice that staff need to adhere to. Health and safety policies and procedures may include: cleanliness and infection control; fire safety; outreach work or lone worker policies, prevention of serious or untoward incidences, etc.

The service also should ensure that the service, and staff have the insurance and/or liability or professional indemnity cover required by the country or local area.

g. Managing staff grievances, complaints, and whistleblowing.

Staff should be able to submit (without prejudice) a concern or a complaint about the practice of the service if they think it is unethical, poor, or of concern. The service should therefore have an established policy for staff to raise concerns via their manager or a 'whistle-blowing policy' if they feel the manager is involved or if they wish to remain anonymous.

If staff has a complaint about how they have been treated by the service or another member of staff, a manager, or a staff team, they may want to raise this as a 'grievance'. Services should have clear policies for staff grievances including how they should be raised, mediated, and escalation processes if issues cannot be resolved.

h. Managing poor performance or disciplinary issues

Services are advised to have policies and procedures to manage staff who may not be performing in their job at the level expected in their job description or their annual plan agreed in supervision and appraisal. Once this behaviour has been identified, it would normally be initially discussed in a staff supervision or an appraisal session (unless it was a serious incident requiring immediate action). In these circumstances the manager or supervisor would normally meet with the staff member to identify the reason for poor performance and take steps to rectify this according to the policy. This may include extra training or supervision for the staff member or compassionate leave if there are extenuating circumstances or personal problems. A period of monitoring the staff members performance with clear goals for the staff member to achieve may be beneficial. If this situation still does not improve, the service may wish to take action to terminate employment in line with its policy.

Services are also advised to have policies and procedures that cover staff disciplinary issues – where a staff member acts in a manner that is not in line with the service values, rules, policies, or procedures. These may be an event or series of events, that, once brought to the attention of management, result in an investigation (in line with a policy). Many staff disciplinary policies distinguish between levels of disciplinary issues – with some, very serious events (such as abuse of a patient or theft from the service) warranting immediate suspension and leading to possible dismissal and/or legal action. Other events may not be so serious but may result in the staff member having a 'disciplinary finding' on their record and being required to have additional monitoring, supervision and/or training.

i. Ending employment

There are several different ways staff may end their contract of work. This may include:

- the end of a fixed term contract.
- being made redundant if a role is no longer required or a service contract is terminated.
- retirement from a job due to having reached the maximum working age or
- termination of employment due to poor performance or a disciplinary issue.

A service should have clear policies and procedures for ending staff employment and these should be made clear to all staff at the beginning of contracts of employment. These policies should include: renumeration packages (if appropriate) redundancy payments; provision of references for future employers; equipment in the possession of the staff etc.

j. Volunteers

The use of volunteers in drug and alcohol treatment services is widespread in many countries. Volunteers can bring a wide range of skills and be an extra resource for a service. They can broaden the service delivery, increase the level and scope of interventions provided, and can be positive role models of "visible recovery" if they are "experts by experience" of substance use disorders. They can also help make a service more cost-effective. However, volunteers should not be used in place of required paid and professional staff roles, if possible, volunteers should be additional to the required staff team.

It is good practice (and required in many countries) that volunteers are subject to, and have the benefit of, many of the service human resource policies. This may include: recruitment policies; legal and safety 'clearance' procedures; having a 'contract' or agreement to be a volunteer; staff induction and ongoing training; staff supervision, management, and appraisal; abiding by the service policies and procedures etc, and ending a volunteering role.

Volunteers will need to be trained and competent to provide whatever their role demands, whether that is a "meet and greet" function; providing refreshments for patients; or running peer support or mutual aid groups. Volunteers will also need to be supervised and managed by the service to ensure they are clear about their role, receive appropriate support and training and perform in their role (as agreed) and behave appropriately.

The service should have clear policies about whether and how volunteers are renumerated – such as paid travel expenses or childcare

expenses to enable them to volunteer.

It is good practice for a service to have a volunteer manual or handbook if the service has significant numbers of volunteers and a have a nominated staff member who is the volunteer co-ordinator and manager.

k. Employing people with lived experience of substance use disorders

Many drug and alcohol treatment service employ people with "lived experience" of substance use disorders. Employing staff and volunteers with "lived experience" is recognised as valuable by international guidance and can be an asset to a staff team and provide inspirational, visible examples of recovery for patients. Employing people with "lived experience" can help make a drug and alcohol treatment service more "recovery-orientated".

In many services, staff or volunteers with "lived experience" are in recovery; in other services, they may still be in treatment or in the process of recovery – depending on their role.

In principle, staff (and volunteers) with lived experience should be subject to the same terms, conditions, policies, and procedures as other staff members (or other volunteers). They should have been through a formal selection process, have job descriptions and contracts and be competent and suitable to do a particular job. It is important to note that having "lived experience" of substance use disorders is not qualification that a person can provide drug or alcohol treatment interventions without training. Every staff member who provides treatment needs to be trained, competent and (ideally) qualified in what the role demands, whether that is providing psychosocial interventions (such as counselling) or pharmacological interventions or interventions to reduce the potential negative consequences of drug use such as reducing the risk of overdose. They should receive the same supervision and management as other staff. If a person with "lived experience" is employed as a peer support worker, they should be trained and competent in the method of peer support used in the service (such as 12-step, CBT-based peer support, recovery coaching etc).

Some services provide extra supervision or support for people with 'lived experience'. Some services have requirements that staff or volunteers with 'lived experience' will have been abstinent from drugs and alcohol for a certain amount of time e.g., 2 years. Other services may be more flexible. It is important

Box 8: UNODC Service Standards: Core Management

Standard CM5: The service manages its human resources to provide effective treatment

Criterion:

CM5D: The service has comprehensive established human resource policies and procedures which support effective human resource management

Evidence:

HR policies and procedures, evidence these are established, manager interview.

Notes:

Service human resources policies and procedures check list could cover the following:

- Recruitment and retention.
- Service job descriptions
- Service salary structures.
- staff management, supervision, and development.
- Staff workload monitoring.
- Staff grievances
- Disciplinary action.
- Staff complaints.
- Staff substance use policy.
- Volunteering policies
- Employment of people with 'lived experience' of substance use disorders.
- Staff handbook with 'codes of conduct'.
- Volunteer handbook

Criterion:

CM5E: The service has a staff personnel record keeping system

Evidence:

Staff personnel records, manager interview

Notes:

Staff personnel records may be electronic or paper. They should ideally have a record for each staff member covering their recruitment, management, supervision, appraisal, training and personal development plan and complaints or grievances where upheld ('the Standards' (WHO/UNODC 2020) stresses issues concerning abuse of clients are recorded)

that 'rules' are not arbitrary and are not barriers to appropriate volunteering or employment opportunities, or discriminatory (for example excluding people on opioid maintenance medication who are stable). Employment of people with 'lived experience' should be based on their ability to perform a particular defined role or job and is best decided on a case-by case basis.

l. Staff substance use policy (also smoking and nicotine products)

Drug and alcohol treatment services are advised to have policies with regards to use of nicotine and substance use amongst staff, particularly on illicit or psychoactive drug and alcohol use on service premises and during working hours. Many treatment service policies do not allow consumption or supply of illicit or psychoactive drugs or alcohol by staff or volunteers during working hours (even if the drugs or alcohol are legal in the country) and such behaviour may be subject to disciplinary procedures.

m. Staff record systems

All services should have a staff record keeping system and a system of information governance for those records. The record system may be paper-based or computer-based. Whatever system is used, it should be underpinned by a policy that outlines: what information is kept; how it is kept and how confidentiality is ensured; how records are updated; how information may be shared, to who and under what circumstances; how long information on staff is kept and how it is destroyed when it is no longer required.

2.6 Managing service facilities and equipment

a. Facilities management

Management of drug and alcohol treatment services includes management of the service facilities or buildings. There may be different requirements for facilities management for different types of service e.g., out-patient services versus a residential rehabilitation unit. Similarly, there will be different legal and statutory requirements and norms for the management of different types of premises and facilities in different countries. In principle, all drug and alcohol treatment services should meet the local or national requirements including registration and licensing requirements for their type of service.

A service should have adequate rooms and space in the building to ensure delivery of good quality treatment for the numbers and types of patients the service treats. This includes adequate

- Entry and reception areas
- Patient waiting room
- Administrative or office space including staff 'workspace, confidential records and document storage, and staff meetings
- Clinical rooms that are suitable for medical assessment and treatment
- Individual or group rooms for psychosocial interventions
- Toilets and/or bathrooms
- Kitchen or refreshment area for staff (and patients if applicable).
- Patient bedrooms for in-patient or residential rehabilitation units
- Additional space depending on the function and scope of the service: for example, pharmacy and/or medication dispensing rooms or space in service with pharmacological interventions; rooms for education, training, or physical and vocational activities – especially in residential rehabilitation, and outside space for activities, parking, etc.

Patient and staff accessibility is important, and the service should ensure that the facilities are physically accessible for its target patient groups and staff. Consideration should be given to ensure the service and its facilities (rooms, toilets etc) are accessible for patients with disabilities including those with issues in relation to mobility, sight, hearing. Many countries have laws, regulations, and guidance in relation to access to health and social welfare buildings for those with disabilities and this should be adhered to (as appropriate). Similarly, the service signage to direct people around premises should indicate the purpose of rooms should be clear and suitable regarding patient languages, and literacy levels, etc (in line with local or country legislation and norms).

Services should be designed and meet patient age and other requirements in line with country norms for example dedicated facilities for adults versus children, toilet facilities for disabled patients, women-only spaces etc.

Drug and alcohol services can also maximize the suitability of facilities by ensuring that they are attractive to patients and designed, decorated, and maintained to encourage attendance by patients (and staff) and should promote recovery.

The service should manage patient flow during opening hours to ensure it is neither overcrowded nor under-utilized. Managing patient flow is dynamic and plans may need to be altered, for example, if the service is being renovated or if there is an outbreak of infection or viruses (such as Covid-19) and they are required to meet local public health guidance.

The premises should also be managed to maximise the safety and security of patients, staff and the premises and equipment itself. This may include management of patients to minimise the risk of substance use and supply, violence and physical or verbal abuse of patients and staff, deliberate damage to the premises etc. Service rules should be clearly displayed and explained to all patients. Security will normally require the service to be locked and secured when not in use and the facilities and content insured. In some countries, drug and alcohol services require security staff; in others, this is not seen as necessary. Whatever the circumstance of the service, it should have policies and established procedures to ensure the security of the premises and those using them.

See also Standard P5: The service actively ensures the cleanliness, fire and infection control and other serious incidence protection. For health and safety, environmental hygiene, cleaning, and infection control.

a. Service equipment management

The service should have established policies and procedures to ensure it manages its equipment to ensure the equipment is "fit for purpose" or safe and in good working order. Equipment may be clinical such as: medical equipment used during assessment, examination, or treatment (medical devices, blood pressure equipment, stethoscopes, oxygen equipment, suction machines, examination couches); or it may be equipment related to patient recovery (such as gym equipment, vocational training equipment). It may be computers and office equipment, kitchen equipment, or other equipment such as that used for cleaning and service maintenance, etc. I all services this includes service furniture. For in-patient or residential, this will also apply to beds and ensuring beds and bedding is suitable is suitable and clean.

The service should have policies and established procedures that relate to the equipment that should cover (as a minimum): purchase; storage; maintenance and safety checks; and disposal.

Box 9: Standards related to service facilities and equipment

Key Quality Standards (2021)

M5. The service has adequate facilities and equipment for service delivery

Criterion:

M5a. The service facilities are adequate for type of service and interventions offered

Evidence:

Information on whether the facilities for service provision are in line with local regulations and requirements in terms of rooms, space, environmental hygiene based on assessor site visit

Documents for the facility including rooms/ toilets and space. The service plan and/or patient numbers attending daily

Criterion:

M5b: Service equipment is adequate and 'fit for purpose' for the service and interventions offered

Evidence:

List of equipment. Equipment safety or maintenance records, including regular technical inspections/ calibration. Information from Managers

Cross reference to P5: The service actively ensures the cleanliness, fire and infection control and other serious incidence protection

See also UNODC Service Standards: Core Management

CM4: The service accommodation and equipment meet requirements and provide an environment suitable for service delivery (also see setting specific standards).

2.7 Patient record systems

Health and social care services in most countries (including substance use disorder

treatment services) are required to keep records of the treatment their patients or service users receive. How patient records are kept, what is kept and the rules around patient confidentiality and information sharing are often underpinned by laws, regulations and/or guidelines in most countries. This is sometimes called patient information governance.

All drug and alcohol treatment services should have an electronic or paper-based patient record system. This system should be safe, secure and, only accessible to staff who are required to access the system to perform their duties or to those who have explicit permission.

This system should be underpinned by a service policy and established procedures for information governance of patient records. Staff should be aware of and trained in information governance and patient record keeping – in accordance with their role.

At the start of treatment, all patients should be made aware of what information will be kept on them and how it may be used during their treatment. At the start of treatment, all patients should be asked to give written informed consent regarding their patient record, confidentiality and circumstances under which information may be shared. The sharing of patient information would normally require consent from patients (e.g. sharing information with another service for a health referral). However, there may be occasions when information is shared without patient consent (for example, if they or another person is of significant risk of harm). A patient may have also agreed to treatment within a legal framework that requires sharing information with another agency (for example, consent to share some information with a court or probation service at the start of treatment).

2.8 Service Quality Assurance systems

a. Meeting national or local requirements for registration, accreditation, or certification.

Many countries or local areas have requirements that drug and alcohol treatment services are registered, certified, licenced or accredited to provide treatment by a national or local organisation. These requirements are normally designed to ensure that providers meet agreed standards to operate or to receive funding and are of a known quality. These systems may vary according to country, or type of service provided.

Box 10: Standards related to patient records and information governance

Key Quality Standards (2021)

M6: The service has a patient record system that facilitates treatment and care

Criterion:

M6a) The service has a comprehensive patient record system

Evidence:

Comprehensive paper or electronic patient record system

Notes

Patient records include: patient sociodemographic details; assessment and risk assessment and mitigation plans; signed consent documents; case notes of appointments and contacts; medication records; treatment plans and reviews; referrals and joint work with other providers; discharge and throughcare planning; family involvement and contacts.

M6b

Criterion:

M6b). The service has an established information management procedure for patient records

Evidence:

Documentations on information management procedures, such as patient records

Notes

The established information management procedure should cover ensuring e.g., the collection and storage of patient records, ensuring patients confidentiality/appropriate information sharing, consistent approach to information breeches (who is told, what corrective action is taken) etc.

See also UNODC Service Standards: Core Management

Criterion CM6C: The service has a patient record system and an established information management procedure to ensure safe storage of information, confidentiality, and appropriate information-sharing

- In a minority of countries, no requirements exist to register, licence, certify or accredit drug treatment services.
- In some countries, the requirements, and

the Quality Assurance (QA) system is for mainstream health services and not specialized to drug treatment services.

- In a minority of countries, the requirements and/or QA system is specific or tailored to drug treatment services.
- In some countries the requirements or QA system may cover certain types of service (for example, hospital-based services or residential rehabilitation units) but not others
- In some countries there may be requirements for professional staff to be registered or licenced, but not for treatment services.

Box 11 outlines "Key Quality Standard" requirement to meet country or local area registration, certification, licencing, or accreditation.

Box 11: Standards related to service registration

Key Quality Standards (2021)

M4. The service meets national/local requirements for providing drug use disorder treatment

Criterion:

a) The service is locally registered/ accredited/certified to provide drug use disorder treatment

b) QA system

- QA or clinical governance process in place
- Standards
- Monitoring or audit of standards
- Patient feedback and involvement
- Continuous improvement mechanism

Evidence:

Certificate of registration, accreditation, or certification to operate as a drug use disorder treatment provider

Notes

Some countries, regions or states have requirements a service needs to meet to operate a drug use disorder service. This may be meeting a registration, accreditation, or certification process. This criterion is not applicable in countries that do not have such a QA system.

b. Service quality assurance

Quality assurance (QA) is 'a process of activities or programs intended to monitor, assure or improve the quality of an intervention, service or system' (EMCDDA 2020).

The concept includes the evaluation of the quality of care against standards; identification of problems in the delivery of care; design of activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps. Quality standards are one of the tools used in the quality assurance process. According to the World Health Organisation, quality assurance systems in drug demand reduction focus on the extent to which drug-related interventions, services or systems improve outcomes.

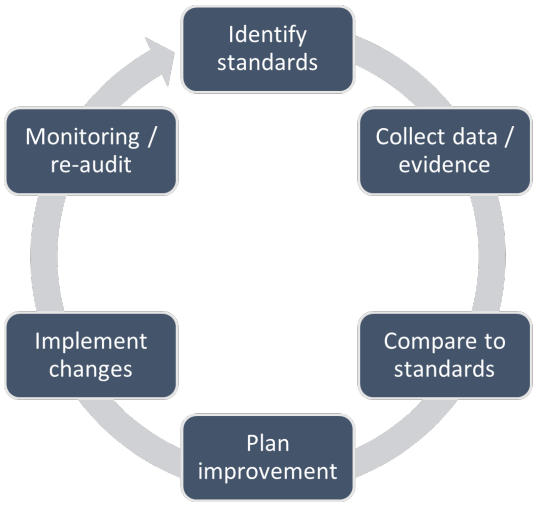
Quality assurance is a process rather than an end result or one-off 'evaluation'. Quality assurance and quality improvement describes an approach, or culture of continually monitoring a service and striving to improve its quality and outcomes for patients. Ideally all drug and alcohol treatment services should implement a QA cycle of continuously reflecting on its practice and striving to improve areas that fall short of standards, expectations, or requirements.

In drug and alcohol treatment services QA may be an extensive process or 'light touch' depending on the resources available to the service. QA may be referred to as 'clinical governance' in some services and have a particular focus on ensuring evidence-based practice, safety, and risk management.

Service funders require services to monitor and report on aspects of the service such as patient waiting times, numbers in treatment, or occupancy rates. They may require a service to collect and report on issues such as patient complaints, or serious or untoward incidents. They may require monitoring and reporting on key performance indicators or standards. If the service is part of a larger organisation, its QA mechanism may also be governed or even administered by the organisation such as medicines management audits conducted by a hospital QA team.

A QA mechanism can help a service respond more effectively to patient needs. In principle, a service should always involve patients in helping assess its quality. Patient involvement can also be critical to developing plans to improve a service and implementing service improvements.

Figure 3: Quality Assurance Cycle



Box 12 outlines Key Quality Standard M7: the service has a sustainable QA mechanism.

Criterion M7a) is 'The service has a sustainable quality assurance mechanism'. This means the QA mechanism should be planned, have sufficient resources, and be supported by service management.

Criterion M7b) relates to service monitoring and auditing itself against standards. Service managers should work out what standards apply to the service. Some service standards may be required by national or local laws, regulation, or guidance; by funders or a parent organisation or apply to some types of service. Monitoring may include: the collection and reporting on service performance data such as numbers in treatment; length of patient stays etc. It may include regular audits of patients records or medicines management or service protocols. Patient feedback may also be included in regular monitoring. Some monitoring may be dovetailed into service routine data collection. Other monitoring and auditing may be activities that are planned each year.

Criterion M7c) relates to the patient involvement in service QA. Patient feedback and involvement in the QA of drug treatment services is good practice as outlined *in 'the International* Standards" (WHO/UNODC, 2020). Patient involvement may be regular patient satisfaction surveys or focus groups, patient representative bodies, or patient involvement in service redesign to maximise attractiveness and 'fit' with patients' needs. These should ideally link into management, quality, or clinical governance meetings.

Criterion M7d) requires services to regularly review and improve its practice as required. A service may implement this through regular meetings (e.g., monthly) focused on quality or clinical governance, where monitoring data, complaints and audits are reviewed, and action plans developed if standards are not met, and improvement is required.

Box 12: Standards related to quality assurance (QA)

Key Quality Standards (2021)

M7: The service has sustainable quality assurance mechanism

Criterion:

M7a) The service has defined standards for service provision

Evidence:

Service standards document

Criterion:

M7b) The service monitors and regularly audits its practice against its standards

Evidence:

Service monitoring or audit data or reports

Criterion:

M7c) The service has an established mechanism to involve patients in the quality assurance of the service

Evidence:

Patient feedback mechanism/exit questionnaires, management reports, information from service users

Criterion:

M7d) The service regularly reviews and improves practice if required

Evidence:

Clinical governance or management meetings

Audit or monitoring reports, improvement plans

See also: UNODC Service Standards: Core Management

CM6: The service has established clinical governance structures and processes

2.9 Management Standards Checklist			
No	Standard	Evidence	Yes/ No
M1	**The service adequately plans the delivery of treatment and care for drug use disorders**		
	a) The service has a written action plan for its functioning and development	• Written Action Plan	
M2	**The service operates within established financial procedures**		
	a) The service has procedures to manage and report on financial resources	• Financial procedures • Evidence procedures are implemented	
	b) The service has a budget allocated according to the written plan	• Budget that matches written plan	
M3	**The service adequately manages its human resources to provide effective and caring treatment**		
	a) The service staffing structure meets national regulations or the current service plan	• Records of staffing, staff profiles and patient numbers/ attendance	
	b) M3b: The service ensures that personnel are competent and have the necessary education and training	• Documents of staff profiles, qualifications, and training	
M4	**The service meets national/local requirements for providing drug use disorder treatment (if applicable)**		
	a) The service is locally registered/ accredited/certified to provide drug use disorder treatment	• Registration, certification, or accreditation documents	
M5	**The service has adequate facilities and equipment for service delivery**		
	a) The service facilities are adequate for type of service and interventions offered	• Documents/floor plans of service rooms and space	
	b) Service equipment is adequate and 'fit for purpose' for the service and interventions offered	• List of equipment, current safety, and maintenance checks for equipment	
M6	**The service has a patient record system that facilitates treatment and care**		
	a) The service has a comprehensive patient record system	• Paper or electronic patient record system	
	b). The service has an established information management procedure for patient records	• Information management procedures • Evidence procedures are implemented	
M7	**The service has sustainable quality assurance mechanism**		
	a) The service has defined standards for service provision	• Written standards	
	b) The service monitors and regularly audits its practice against its standards	• Monitoring data or audit reports comparing practice to standards	
	c) The service has an established mechanism to involve patients in the quality assurance of the service	• Reports of regular patient surveys and/or consultation on service quality	
	d) The service regularly reviews and improves practice if required	• Monitoring or audit reports • Minutes of management meetings where reports are discussed, and action decided • Service improvement plans where standards are not met	

03 INDIVIDUALISED PERSON-CENTRED TREATMENT AND CARE

Patient-centred treatment is commonly understood as treatment that has at its core, the individual seeking help (the patient, client, or service user), rather than focusing on the disease or illness or the needs of the service provider. Patient-centred treatment is focused on and organized around the health needs and expectations of people and communities in need. In drug treatment, individualised and person-centred care should also recognise the crucial role of the individual in treatment as an active partner whose needs, wishes and strengths are taken account of in treatment – rather than them being a passive recipient of treatment. Individualized treatment means that treatment is tailored to the individual and based on their unique needs and recovery goals. Individualised treatment is therefore based on an individual's assessed needs and then designed to suit them, their needs, their goals and their strengths and situation. Non-individualised treatment would be to give the same treatment package to all patients, irrespective of their different needs; this approach is not recommended in international guidelines. Individualized treatment planning and regular review that fully involves that patient is fundamental to providing patient-centred, individualized treatment.

This section covers the core elements of individualized treatment including screening and assessment; informed consent; treatment planning and review and working in partnership with other providers to meet patient needs. It also covers standards in relation to meeting the different needs of patients.

3.1 Patient screening and assessment

All drug and alcohol treatment interventions should be based on a process of screening and/or assessment. The process may vary according to the patient, the setting, the service, the severity and complexity of individual need, and the competence of the staff.

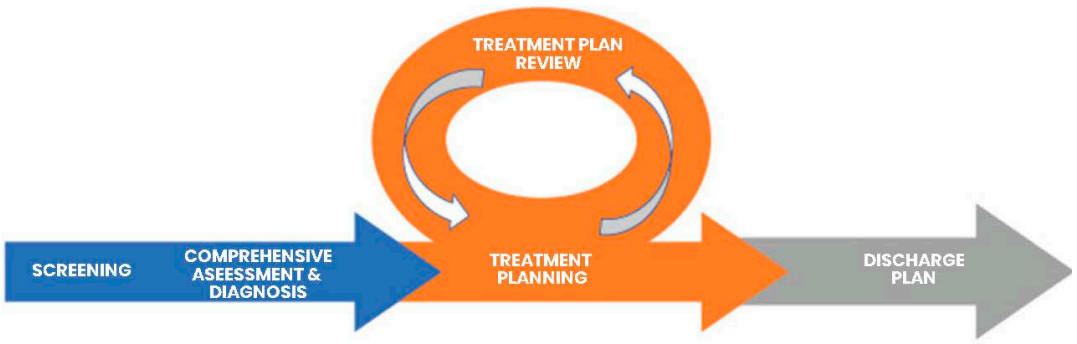
The process may range from

- a brief screening, followed by provision of a brief intervention (for those with mild SUD) or referral for specialized SUD assessment (for those with moderate to severe SUD and/or complex needs). This is the SBIRT approach referred to earlier.
- to an initial assessment followed by a comprehensive assessment and diagnosis
- to a comprehensive assessment process and diagnosis that happens over a period that involves different professionals.

a. Screening for substance use disorders.

Screening for a SUD may be undertaken in settings or by staff that are not specialized in

Figure 4: Treatment assessment, planing and review



substance use disorders. Screening normally consists of asking a patient who may be using substances some brief questions about substance use. Good practice is to use a validated screening tool (for example AUDIT, DUDIT, or DAST see references section). In some circumstances, a biological screening for substance use may be undertaken with consent (urine test or analysis of hair or blood).

Some drug and alcohol treatment services provide an initial assessment, whilst a comprehensive assessment is undertaken over several weeks, and others may just provide a comprehensive assessment.

If the screening indicates a mild SUD, the patient may be offered educational material and/or a brief intervention. A brief intervention should be based on an evidence-based methodology such as FRAMES (see references section). If the screening indicates moderate or severe SUD, the patient may be referred to a specialized SUD treatment service for a comprehensive SUD assessment.

b. Comprehensive Assessment

Some drug and alcohol treatment services provide an initial assessment, whilst a comprehensive assessment is undertaken over several weeks, and others may just provide a comprehensive assessment.

The potential benefit of offering a fast initial assessment is that it can identify immediate needs and risks, and these can be met or mitigated whilst patients undergo comprehensive assessment. Risk assessment and mitigation is an important part of assessment and drug treatment as patients may be at risk of significant harm including risk of overdose.

Comprehensive assessment of a substance use disorder is a process of gathering and analysing information from and about a patient to understand and diagnose their SUD and related issues. This leads to recommendations of treatment or interventions to improve health and social welfare. A comprehensive assessment is the basis of a treatment plan. The patient should be a full partner in a comprehensive assessment and their views on their situation and treatment goals should be sought and considered. The assessment process presents an opportunity for the service to build a rapport and a therapeutic relationship with a patient rather than just completing assessment questionnaires.

Comprehensive assessment processes normally happen over several sessions and may involve a multi-disciplinary staff team – particularly if there are physical examinations and/or bio-medical samples required. Ideally, the team will collaborate to produce one comprehensive assessment for each patient. In some countries, a comprehensive assessment process is managed by a case manager or key worker.

In principle, all staff involved in assessment, should be competent. Staff can normally only provide assessments on what they are competent to provide. For example, an assessment for pharmacological interventions should be undertaken by a doctor or staff member who is competent to prescribe medication.

Staff who are not able to assess for mental and physical health care issues may be able to offer screening for some issues and refer to nursing or medical staff for comprehensive assessment of mental and physical health issues.

An assessment process also presents an opportunity to explain SUD treatment processes to the patient and offer them service information and health promotional materials.

Comprehensive SUD assessment would normally involve gathering information on the following:

- Substance use: history of use, current use and severity of dependence, and history of SUD treatment. This may include the use of a validated diagnostic tool for SUD such as the Addiction Severity Index (ASI) or the Substance Abuse Disorder Questionnaire (SADQ), Structured Clinical Interview for DSM-5 (SCID) or the Composite International Diagnostic Interview–Substance Abuse Module (CIDI-SAM) (see references).
- Socio-economic situation: education level, housing, employment, family, or social connections (including dependents),

- Screening or assessment for mental health issues. Again, this may include the use of a validated diagnostic tool for mental health issues (see references).
- Screening or assessment for physical health issues particularly those associated with substance use (including bio-medical testing)
- Patients offending behaviour and involvement with criminal justice system.
- The patients' strengths or assets (recovery capital) including supportive relationships.
- The patients' opinions, wishes and treatment goals.

Where biological samples are taken as part of an assessment process (for example urine samples to detect drug use), these processes should be underpinned by and undertaken in line with an established protocol. An example of this is urine or blood taken to detect the presence of substance use.

c. Risk Assessment

A risk assessment, or assessment of immediate significant risks to the patient and/or others should also be part of a comprehensive assessment. If immediate risks to the patient are found (such as risk of opioid overdose, suicide or violence to self or others), a risk mitigation plan should be developed and immediately implemented (with consent from the patient). If the patient is thought to pose an immediate risk to others (such as their dependent children), action may need to be taken in line with the service policy and country norms and laws (and the patient informed and supported accordingly).

3.2 Patient consent and capacity to consent

Patients should give explicit consent for assessment and treatment. Patients should have assessment processes explained to them and consent (this may include what information; medical tests or biological samples will be requested and confidentiality procedures).

Following assessment, a diagnosis or diagnoses will be made (normally by a doctor). In systems funded by health insurance – a diagnosis is required for eligibility to receive funding for a particular package of treatment. A treatment package is then recommended and discussed with the patient, including potential risks and benefits of the treatment and 'rules' a patient is expected to abide by. Informed consent for the treatment package should be sought from a patient, after the risks, benefits and rules of the suggested treatment package have been explained and discussed. The patient should fully understand what is proposed and is able to consent from a position of having knowledge about the potential benefits and risks of treatment and what they are expected to do.

Some patients may not have the legal capacity or cognitive capacity to agree to an assessment or

treatment without involving other people who are responsible for them.

- Children and adolescents may require the service to involve adults with parental responsibility in assessment or treatment.
- In some countries, people with cognitive impairment may require involvement from someone who is responsible for them.

Box 13: Standards related to assessment

Key Quality Standards (2021)

PC1. Patient assessments are comprehensive and participatory

Criterion:

a. Patient assessments are comprehensive

b. Patients play active role in their assessment and their opinions are valued

c. Patient strengths and resources (recovery capital) are considered during assessment

Evidence:

Patient records, information from managers, staff, and patients

UNODC Service Standards: Core Care

CC4: The service provides screening and comprehensive assessment that considers a range of patient needs and assets and is based on informed consent

B. The service provides a comprehensive assessment (if required)

C: Protocol-led drug testing (urine or blood) is used (where appropriate).

- In some countries, the legal framework may be that women may not be able to consent to assessment or treatment without agreement from their husband or male relative.
- In some countries, the patient may require an assessment of their 'capacity to consent' before assessment or treatment. As a rule, the more intensive or invasive the intervention is, the higher the threshold is for informed consent and capacity to consent.
- In most countries, emergency treatment is allowed without consent in situations that are life-threatening, or the person is unconscious.

Every patient (or other person responsible for the patient) should receive information about the service treatment options and service rules prior to treatment. All patients should have signed informed consent documents in their patient case notes.

Patient consent may also be withdrawn at any point by the patient, without prejudice, and withdrawal of consent should also be documented in their file.

Box 14: Standards related to consent

Key Quality Standards (2021)

PC2. Treatment and care are provided based on informed consent from patients

Criterion:

a. The service is provided on the basis of free and informed patient consent

b. The service documents consent to treatment in patients' records

Evidence:

A protocol for informed consent. patient records, Information from patients

See also UNODC Service Standards: Core Care

CC4D: The service requests informed consent prior to treatment and records this in patient records..

3.3 Patients have written treatment plans that are reviewed regularly.

a. Treatment planning

Ideally, patients will have a dedicated and named case manager or key worker, who will work with them on treatment planning and review, and who will accompany them through their treatment journey in a service.

Treatment planning is a process. It involves regular meetings with a patient to create a series of time-bound plans on how they can gradually meet their overall goals in line with their agreed treatment package. Treatment planning is a process that involves working with the patients to set small incremental goals as they progress through treatment, hopefully, and gradually achieving their overall goals. Each plan should outline the patient goals at that point in their treatment journey, the treatment and recovery interventions provided to meet patient goals, and what the patient and treatment team each should do. A treatment plan may be suggested by staff in a multi-disciplinary team meeting, but it should be developed in partnership with the patient. Treatment plans should be regularly reviewed with patients as they achieve their goals or their needs change over time, during their treatment journey.

All patients in treatment should have a treatment plan unless they are receiving a brief intervention, drop-in, or single session intervention.

The treatment plans should:

- Consider the individual's specific SUD treatment package and their sex, ethnicity, language, ability, and cultural requirements.
- Set a series of small achievable goals and the milestones achieved within a timeframe (in collaboration with the patient)
- Make explicit reference to immediate risks and how those risks will be mitigated or managed (such as overdose, risk of violence to and from others, etc)
- Indicate what treatment and recovery interventions will be delivered and by who; (for example, interventions to manage cravings and reduce risk of relapse).
- Have actions to prevent 'drop-out' from treatment before it is completed – agreed with the patient.

- Identify what other services will be involved to meet client needs. Staff will need to record referrals and what information will be shared (with consent) with other services to meet the treatment plan in patient records. For example, referral and care co-ordination with a specialist to treat Hepatitis C.
- Have a review date.

A treatment plan is ideally a document that is developed with the patient, shared with them at the end of a treatment planning or review session and signed by the key worker and patient. It is not a note on a treatment record that is not seen by the patient. A copy of a treatment plan should be in a patient's record, but it is imperative that the treatment plan, goals, and actions are also given to the patient.

b. Treatment plan reviews

Treatment plan review can be planned in advance or occur if a patient's situation undergoes a rapid change that requires a different response from the service. Treatment plan reviews should

- Review whether the treatment plan is meeting patient goals.
- Identify unmet patient needs.
- Check patient satisfaction.
- Revise treatment goals and interventions (if required).

Some countries utilise 'cognitive mapping' techniques to develop and review treatment plans with patients.

c. Discharge and aftercare planning

Discharge planning is an important part of treatment planning, whether this is discharge due to the end of treatment, or referral to another drug and alcohol treatment service for the next stage of a treatment journey.

d. Preventing premature drop-out and discharge

Patient drop-out or patients leaving drug or alcohol treatment before the end of treatment or before they have benefited from treatment is a major issue in some services and systems. High rates of early drop-out incur significant costs for services as the initial phase of treatment is often more intensive and costly. Importantly, early drop-out and/or premature discharge of patients can put patients at greater risk of relapse or harm than if they never embarked on treatment. Risk of overdose and death is particularly high with people who use opioids who relapse after their tolerance has been lowered due to detoxification, and those leaving in-patient or residential rehabilitation prematurely can be at significant risk of harm.

Key workers or case managers should talk with patients at the start of the treatment planning process and agree actions to prevent drop-out from treatment. Strategies to prevent drop-out should be individually tailored to patients and could include:

- extra psychosocial support if the patient is struggling.

Box 15: Standards related to treatment planning and review

Key Quality Standards (2021)

PC3. All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care

Criterion:

a. Patients have a written individual treatment plan
b. The service regularly reviews treatment respecting patients views on treatment provision
c. The service records referrals of patients to other providers in patient treatment plans
d. Patients have discharge plans when they leave the services to encourage throughcare and reduce relapse

Evidence:

a. Audit of treatment plans in patient records
b. Patient record audit on treatment plan reviews
c. Patient record audit of referral and co-ordination
d. Audit of discharge plans in records of discharged patients

UNODC Service Standards: Core Care

CC5: All patients in specialised drug use disorder treatment have individual treatment plans, that are regularly reviewed and record care co-ordination with other providers.

- a review of and optimisation of medication to prevent relapse; and
- agreeing to reach a patient via family or friends if the patient cannot be contacted.

Moderate or severe substance use disorders are chronic, relapsing conditions and if relapse occurs, this should not be grounds for premature discharge from treatment – rather, the patients treatment package should be reviewed and treatment and support for the patient may need to be increased or optimised – more may be required, not less. It is important for drug treatment staff to remember that a core part of drug treatment is helping patients learn from lapses and relapses, examine why they happened and help them develop plans and support to prevent relapse occurring in the future. If patients are excluded or discharged for a lapse or relapse to substance use – this opportunity for learning may be lost and the patient put at greater risk of harm.

Service managers should monitor rates of drop-out and address unacceptable rates of early drop-out using evidence-based techniques.

e. Discharge and transfer to other drug and alcohol treatment providers

A patient may require discharge from one service and transfer to another drug treatment service, for example, referral from a specialized in-patient service to an out-patient service near the patient's home. Transitions between drug and alcohol treatment services require active management by both services to prevent patients dropping out during transition and to promote smooth continuity of care. The two services should have agreed pathways for referral and liaison to promote patient throughcare – underpinned by a protocol or memorandum of understanding between services. Ideally, this could include:

- agreed referral pathways and procedures.
- patients prior contact with named staff from the receiving service in advance of transfer.
- Agreement on what patient information will be shared between the services (with patient consent).
- Agreed action to prevent patient drop-out and relapse during transfer. This is particularly important for patients previously dependent on opioids who are being transferred from in-patient, residential rehabilitation, or prison treatment programmes – as the risk of overdose and death is high if they drop-out. Some research has indicated that of people with opioid use disorders leaving prison or rehabilitation units, one in 200 dies within three weeks due to relapse to opioid use.

f. Discharge or aftercare planning following completion of drug treatment

A patient is normally discharged from treatment if they have successfully completed their treatment package or program and achieved their goals.

Services should ensure that all patients have a discharge or aftercare plan, developed in partnership with them. Discharge planning may start in the weeks or months before actual discharge so the patient can ensure they have suitable housing, have an income, and mobilize support in their home community.

Even following 'successful' treatment, relapse is common, and the discharge or aftercare plan should ensure that the patient has access to

- Ongoing support such as peer support or mutual aid, or recovery 'check-ups' from the service.
- Support from family, friends, or others (religious leaders) to support recovery goals.
- Strategies to cope with cravings and potential relapse.
- Economic support (such as employment) and activities to occupy their day (work, education, healthy leisure activities etc)
- Housing that supports their recovery goals
- Access to primary care such as registration with a health centre or GP.
- Rapid routes back into treatment if they relapse.

3.4 Working on partnership with other providers to co-ordinate treatment.

Some patients will require referral and treatment for several services to meet their needs. For example, referral and care co-ordination with a secondary healthcare team. All referral and care co-ordination should be reflected in treatment plans by the care manager or key worker and recorded in patient records. It is good practice for a drug treatment service to have joint working arrangements with other providers underpinned by Standard

Box 16: Standards related to working in partnership with other providers

Key Quality Standards (2021)

PC4. The service works in partnership and co-ordination with other services to meet patient needs

Criterion:

a. The service works with other providers to meet patient needs

Evidence:

Referral forms, partnership agreements with other providers, patients' records, information from managers

UNODC Service Standards: Core Care

CM10: The service has partnership arrangements with other providers to meet the diverse needs of patients.

operation procedures (SOPs) with agreed referral pathways, information-sharing and working arrangements.

3.5 Designing drug and alcohol treatment services to meeting the needs of all patients.

The 'International Standards (WHO/UNODC)' encourages drug treatment services to make every effort to ensure they meet the needs of its all patient target groups. Some population groups have specific needs that require drug and alcohol treatment services to adjust service provision to meet those needs. Examples of this include services for young people with substance disorders should be separate from adult treatment services and are tailored to respect the different legal status and maturation level of young people. Another example is patients who require treatment to be delivered in a particular language.

Some drug and alcohol treatment services are designed to only treat a particular target group for example, men, women, or young people. Other services may be contractually required to meet the needs of all people with substance use disorders in a geographical area. For all services, particularly locality-based services, it is good practice for the service to

- monitor the profiles of patients to ensure patients meet the target population 'in need'.
- take steps to reach population groups that are under-represented in the service,
- ensure that the services offered are relevant and evidence-based for populations with special needs. This may require the service to tailor interventions and services for particular groups, and
- ensure the staff team has the competence and profile (e.g. age, sex, language skills etc) to work with different patients.

Patient target groups will vary in different countries and drug treatment services. Treatment needs may be different for women; children and young people; parents with substance use disorders; different religious groups; people who are homeless; people with a disability; people involved in the criminal justice system etcetera. It is good practice for services

Box 17: Standards related to meeting the diverse needs of patients

Key Quality Standards (2021)

PC5. The service meets the needs of diverse groups of patients

Criterion:

a. The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment

b. Staff are trained to work with diverse groups of patients

c. The service has an established protocols to ensure the needs of populations with special treatment and care needs (such as women, children, and adolescents, etc.) are met

Evidence:

a. Staff records

b. Protocols for populations with special treatment and care needs and evidence protocols have been established Information from managers and staff

UNODC Service Standards: Target group standards

Tar4. Services will provide equality of access and appropriate treatment for a diverse range of its target groups populations.

to have protocols for specific groups or indicate in services protocols how the needs of different patient groups will be taken into consideration.

Box 17 outlines the Key Quality Standards related to meeting the groups of patients. Criterion (a) The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment.

3.6 Involving patients in service design and delivery.

a. Involving patients in service design

The importance of involving patients in the design and delivery of drug treatment services is recognised in the 'International Standards (WHO/UNODC 2020)'. An important tenant of recovery-orientated treatment is valuing the contribution of people with 'lived experience' of substance use disorders.

In relation to service design, consultation with patients or those with 'lived experience' can ensure the service is tailored to the needs of patients. For example, consultation about services opening times, or how to improve access for certain groups of patients, can provide valuable 'customer' feedback that can be used to ensure the services is designed to meet the circumstances, needs, and wishes of patients.

Patient consultation and involvement in service management and decision-making can be undertaken in a variety of ways including:

- consultation exercises with patients about specific issues such as a service redesign
- Patient surveys by 'expert patients' trained in how to collect data and report back to management.
- A regular patient consultation forum
- A patient representative group with representatives that meet regularly and feedback to management.
- Patient representatives in clinical governance meetings
- Patient representatives on service design or development groups

Whatever, mechanism is established, it should be regular and patient views should be systematically considered by management. It is also important to reassure patients that their feedback (particularly if critical) will not impact negatively on them or their treatment.

When patient feedback is collected, it is good practice to ensure that patient feedback or suggestions receive a formal response from management. This could be via formal responses back to patient representatives or via posters in waiting areas that outline what the patient request was and how management have responded ('You said, We Did' posters).

b. Involving people with lived experience of substance use disorders and recovery in service delivery

As previously outlined, it is good practice for drug and alcohol treatment services to have people with 'lived experience' of substance use disorders and recovery involved in service delivery. This can provide hope and role models for patients. There is also strong evidence that peer support such as that provided by the 12-

Box 18: Standards related to involving patients in service design and delivery

Key Quality Standards (2021)

PC6. The service involves patients in service design and delivery

Criterion:

a. The service has established mechanisms to involve patients in the design of the service

b. People with 'lived experience' of drug use disorders and recovery are involved in service delivery

Evidence:

a. Patient advisory group, meeting minutes showing involvement, Information from service users

b. People with 'lived experience' mentioned in service provision documentation, staff record audit shows that some volunteers/staff have 'lived experience'. Information from managers and staff

UNODC Service Standards: Core Management

CM7: The service involves patients and experts by experience in the service development, quality assurance and delivery

step fellowship can help people overcome dependence on substances and services should facilitate access to peer-support as an adjunct to treatment. Properly selected, trained, and supported 'experts by experience' can work or volunteer in treatment services in a variety of roles, such as: peer support workers; providing mutual aid groups; outreach work to attract or retain people in treatment; 'front of house' or 'meeting and greeting' patients, providing refreshments in waiting areas etc.

However, international guidance is clear that having 'lived experience' of substance use does not automatically qualify a person to be able to provide psychosocial interventions. Staff or volunteers with 'lived experience' who provide treatment interventions should be appropriately trained and qualified in those interventions: be that a counsellor, nurse, or doctor. Staff or volunteers who are 'experts by experience' are entitled to the human resources procedures as other workers, including regular support and supervision (see section 2.5).

3.7 Individualised person-centred treatment and care: Check list			
No	Standard	Evidence	Yes/ No
PC1.	**Patient assessments are comprehensive and participatory**		
	a) Client assessments are comprehensive	• Comprehensive assessment tool and process routinely used	
	b) Patients play active role in their assessment and their opinions are valued	• Patient record audit and/or patient surveys indicate patient views are sought and considered in assessment	
	c) Patient strengths and resources (recovery capital) are considered during assessment	• Comprehensive assessment tool • Patient record audit show patients' strengths and resources assessed	
PC2	**Treatment and care are provided based on informed consent from patients**		
	a) The service is provided based on free and informed patient consent	• Service protocols and documents concerning consent	
	b) The service documents consent to treatment in patients' records	• Patient record audit shows consent routinely recorded	
PC3.	**All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care**		
	a) Patients have a written individual treatment plan	• Patient record audit of treatment plans	
	b) The service regularly reviews treatment respecting patients views on treatment provision	Patient record audit of • treatment plan reviews • Patient views recorded in reviews	
	c) The service records referrals of patients to other providers in patient treatment plans	• Patient record audit of referrals	
	d) Patients have discharge plans when they leave the services to encourage throughcare and reduce relapse	• Patient record audit of discharge plans	
PC4	**The service works in partnership and co-ordination with other services to meet patient needs**		
	a) The service works with other providers to meet patient needs	• Protocols with other providers • Clear referral pathways	

No	Standard	Evidence	Yes/ No
PC5	**The service meets the needs of diverse group of patients**		
	a) The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment	• Reports that show access by a diverse range of patient • Strategies or plans to engage groups not accessing treatment	
	b) Staff are trained to work with diverse groups of patients	• Staff record audit shows training or competence	
	c) The service has an established protocols to ensure the needs of populations with special treatment and care needs (such as women, children, and adolescents, etc.) are met	• Protocols for different population groups • Evidence protocols are implemented	
PC6	**The service involves patients in service design and delivery**		
	a) The service has established mechanisms to involve patients in the design of the service	• Documented mechanisms for patient involvement • Feedback from patients about involvement	
	b) People with 'lived experience' of drug use disorders and recovery are involved in service delivery	• Staff or volunteer audit • Evidence of peer support, peer mentoring etc.	

04 INTERVENTIONS ARE EVIDENCE-BASED AND UNDERPINNED BY ESTABLISHED PROTOCOLS

4.1 The importance of a documented approach

Having written documents about what a drug treatment service provides and how it does this,

is an important responsibility of the service management. Having service manuals and protocols or standard operating procedures (SOPs) about the treatment the service provides, should not be a paper exercise. These documents should be live and actively used by staff and provide guidance on how treatment interventions will be provided in the services and what staff are expected to do. Similarly, information should be available for patients on what they will receive and what is expected of them.

In all healthcare, scientific knowledge should guide what interventions are provided to patients. International guidance recommends that drug and alcohol treatment services should provide interventions that have been proven to be effective by scientific research. Interventions that have not been proven to be effective by scientific research may not improve patients' lives or may even cause harm to people with substance use disorders.

Furthermore, it is critical that drug and alcohol treatment services ensure that when they provide interventions, they are fully compliant with design and delivery of the intervention that yielded positive results. This is sometimes called 'fidelity' to the evidence-based intervention model. This includes ensuring the staff delivering an intervention are competent to do so.

Managers of treatment services and quality assurance mechanisms can check whether a service is providing evidence-based treatment interventions by ensuring that:

a) there are protocols or standard operating procedures for each intervention,

b) there is evidence that each intervention has been implemented according to the protocol. (evidence could be patient record audits that patients receive interventions as designed, medication audits to indicate compliance with protocols etc), and

c) staff delivering interventions are competent to do so. Staff should have the required experience, qualifications, and training to deliver a particular treatment intervention. Furthermore, staff should receive ongoing supervision to ensure training translates into evidence-based practice and fidelity to intervention models.

Box 19 outlines the Key Quality Standards relating to the service having a documented approach.

Box 19: Interventions are evidence-based and underpinned by established protocols

Key Quality Standards (2021)

Criterion:

a. The service has a documented approach in line with evidence-base

Evidence:

A treatment manual, set of documents or webpages that covers all aspects of treatment provided.

Information from managers

UNODC Service Standards: Core Care

CC1A. The service has a documented evidence-based approach to treatment that is made clear to staff and patients e.g., in a treatment manual.

Ideally a drug and alcohol treatment service will have a treatment manual, set of documents or webpages that describe and explain the treatment packages and range of interventions provided by the service, patient groups, inclusion and exclusion criterion, rules or requirements including funding for treatment, service timetables etc.

The treatment manual or documents would not normally contain detailed documentation outlining how each intervention will be delivered, and the staff competence required; these are the protocols or standard operating procedures for interventions described below.

4.2 Standard Operating Procedures (SOPs)

A protocol or Standard Operating Procedure (SOP) is a document that explains an intervention or procedure in detail to staff and normally includes as a minimum:

- The purpose of the SOP
- An introduction
- The scope: the area and context of the SOP
- Definitions
- Responsibilities
- Specific procedures: step by step detail of how to deliver the intervention.
- Reporting requirements and what forms or templates to use.
- How this SOP relates to other SOPs
- A history of updates to the SOP (who, when and what changed) and the date of review.

4.3 Ensuring interventions are in line with international guidance and are evidence-based.

The rest of this section outlines the key quality standards for the main groups of interventions delivered by specialized drug and alcohol treatment services.

- Interventions to reduce the health and social harms of drug and alcohol use disorders (Box 20)
- Psycho-social interventions (Box 21)
- Pharmacological interventions (Box 22) and
- Recovery management interventions (Box 23).

As different drug and alcohol treatment services deliver different types of interventions, managers should select the interventions provided by services. The standards relating to psychosocial interventions are the 'golden thread' of all drug treatment and will apply to all treatment services. Furthermore, it is good practice that some interventions to reduce the negative and social consequences of drug and alcohol use should be provided by all drug and alcohol services – such as overdose prevention.

4.4 Interventions to reduce the negative health and social consequences of substance use

Box 20 outlines the Key Quality Standards that relate to interventions to reduce the negative health and social consequences of substance use. Interventions provided by a drug treatment service vary depending on the scope of the service, the patient groups and their needs and the legal framework and culture of the country.

Interventions recommended by 'the International Standards (WHO/UNODC 2020) include:

- Information on and linkage to services catering for basic needs (safety, water, food, shelter, hygiene, and clothing).
- Access to needle and syringe programmes.
- Access to condom distribution programmes.
- Overdose prevention, identification, and

Box 20: Interventions to reduce the negative health and social consequences of drug use are evidence-based and underpinned by established protocols

Key Quality Standards (2021)

Criterion:

E3bi. The service utilizes established protocol or SOP to ensure interventions to reduce the negative health and social consequences of drug use are evidence-based

E3bii. Staff have adequate professional knowledge and competence to deliver interventions to reduce the negative health and social consequences of drug use

Evidence:

E3bi. A service protocol or SOP or similar document

E3bii. Staff records

UNODC Service Standards: Intervention standards

Int1: The service provides or works with others to promote health and reduce the negative health and social consequences associated with drug use by outreach or

within services.

management, including take-home naloxone.

- Voluntary testing for HIV/hepatitis and allied counselling
- Information on and linkage to services that prevent, diagnose, and treat HIV/ AIDS.
- Information on and linkage to services that vaccinate for hepatitis B, and prevent, diagnose, and treat viral hepatitis.
- Information on and linkage to services that prevent, diagnose, and treat sexually transmitted infections and tuberculosis.
- Targeted information and education for people who use substances and their sexual partners, on the effects of substances, risks associated with drug use and how to minimize health and social harms due to substance use.
- Information on and access to mutual-help and peer support groups (such as Narcotics Anonymous, Nar-Anon, Cocaine Anonymous, and other groups).
- Anti-stigma activities, awareness raising and promotion in the community.
- Screening and brief interventions and referral to treatment (SBIRT) for substance use.
- Basic counselling.
- Information on and access to basic medical care (such as wound management)
- Information on social support services, including food, hygiene, and shelter.
- Crisis interventions.
- access to legal support.
- Referral to other drug and alcohol treatment services and recovery management services.
- Referral to health and social services.

These interventions may be delivered in building-based services or through outreach into the local community. This standard requires the service to work in partnership with other drug treatment services and a range of other health and social care and welfare providers so it can refer patients if it cannot provide these interventions themselves.

For all intervention standards the service should

a. have written protocols or SOPs for the interventions it provides and

b. ensure staff are competent to deliver each intervention.

4.5 Psychosocial Interventions

Evidence-based psychosocial interventions or 'talking therapies' are core interventions for all drug treatment services. Psychosocial interventions may be one-to-one or group work. These are normally delivered face-to-face but there is growing evidence that virtual delivery (internet or phone) may also be effective.

The 'International Standards (WHO/ UNODC 2020) recommended psychosocial interventions include:

- Psychoeducation.
- Cognitive behavioural therapy.
- Motivational interviewing and motivational enhancement therapy.
- Community reinforcement approaches.
- Family oriented treatment approaches.
- Contingency management.
- Mutual-help (including 12-step groups).
- Recovery support such as housing and employment support.

The effectiveness of psychosocial interventions is related to both providing an evidence-based intervention and the quality of the therapeutic relationship the staff delivering the intervention has with the patient. Thus, staff competence in delivering psychosocial interventions requires the knowledge and skills to deliver the intervention plus staff attitudes and qualities conducive to being able to build and maintain good therapeutic relationships with patients. Staff qualities such as being empathetic, non-judgemental, caring, and compassionate are paramount.

Psychosocial interventions may be delivered by

- staff specifically employed for this purpose (psychologists, counsellors, family therapists)
- key workers or case managers (if they are competent to do so) in the context of regular treatment planning and review.
- Peer-support and mutual aid provided by staff or volunteer 'experts by experience'.

Psychosocial interventions should also be tailored to the individual needs of the patient. This may be in relation to the severity and

complexity of their disorder – for example a patient with moderate cannabis use disorder may need a 6-week psychosocial programme but a patient with severe stimulant use disorder may require different psycho-social interventions, sequentially, over a year or more. Psychosocial interventions should be tailored to the needs of patient groups, with adjustments made to delivery methods or content to meet the needs of women; children and young people; religious or ethnic groups; people with low literacy; displaced and homeless populations etc.

For all psychosocial interventions, services should

a. have written protocols or SOPs for each of the psychosocial interventions it provides,

b. ensure staff are competent to deliver these interventions, and

c. ensure that patients and staff have a positive therapeutic relationship.

Box 21: Psychosocial interventions are evidence-based and underpinned by established protocols

Key Quality Standards (2021)

Criterion:

E3ci. The service utilizes established protocol or SOP to ensure interventions to ensure psychosocial interventions are evidence-based

E3cii. Staff have adequate professional knowledge and competence to deliver psychosocial interventions

Evidence:

E3ci. A service protocol or SOP or similar document

E3cii. Staff record audits to check competence. Patient surveys to check therapeutic alliance.

UNODC Service Standards: Intervention standards

Int3: The service provides psychosocial treatment interventions in line with evidence-based guidelines

The 'International Standards for the treatment of drug use disorders' (WHO/UNODC 2020) stress that pharmacological interventions should always be provided in the context of psychosocial interventions.

4.6 Pharmacological interventions

Pharmacological interventions are those that involve prescribing medication. This section should be read in conjunction with section 6.6 that refers to the management of medication (ordering, storage, prescribing, dispensing and disposal of medication).

Some specialized drug and alcohol treatment services may not provide pharmacological interventions and this section may not apply. Others may not prescribe medication, but they may have to manage medication on their premises (such as the medication of patients in residential rehabilitation units) and so section 6.6 may be relevant.

Some specialized drug treatment services will provide pharmacological interventions and managers are advised to abide by the guidance and standards in this section and on medicines management.

Medication may be prescribed by specialized drug and alcohol treatment services for a variety of reasons including:

- drug or alcohol withdrawal management;
- medication to alleviate cannabis, stimulant, or other drug or alcohol use (symptomatic prescribing);
- opioid agonist maintenance treatment;
- overdose prevention and management; and
- opioid or alcohol relapse prevention.

The 'International Standards for the treatment of drug use disorders' (WHO/UNODC 2020) stress that pharmacological interventions should always be provided in the context of psychosocial interventions.

The scope of some specialized drug treatment services may be wider and, also include

pharmacological interventions to manage co-morbidity such as mental health issues, or physical health issues such as Hepatitis B vaccinations or management of infections.

Box 22 outlines Key Quality Standards for pharmacological interventions for drug treatment services. As with previous intervention standards, managers of services providing pharmacological interventions, should ensure the service:

a. has written protocols or SOPs for the pharmacological interventions it provides; and

b. staff are competent to deliver each pharmacological intervention.

Pharmacological intervention protocols or SOPs should be developed in line with evidence-based guidance for a medication such as outlined by the World Health Organisation if they do not have national clinical guidelines in this area.

Different countries have different medico-legal frameworks for different medications – particularly for 'controlled drugs' such as opioid agonist medication such as methadone and buprenorphine. Service SOPs will need to reflect the national medico-legal laws and regulations whilst trying to adhere to international guidance.

Box 22: Pharmacological interventions are evidence-based and underpinned by established protocols

Key Quality Standards (2021)

Criterion:

E3di. The service utilizes established protocol or SOP to ensure interventions to ensure pharmacological interventions are evidence-based

E3dii. Staff have adequate professional knowledge and competence to deliver pharmacological interventions

Evidence:

E3di. A service protocol or SOP or similar document

E3dii. Staff records

UNODC Service Standards: Intervention standards

Int4: The service provides pharmacological treatment interventions in line with evidence-based guidelines

Staff competence to deliver pharmacological interventions will also vary in different countries. Prescribing medication in specialized drug treatment services is normally undertaken by doctors with a specialty in treating drug and alcohol use disorders (such as, an addiction psychiatrist, or other doctor with additional training and qualifications in treating substance use disorders). Some countries have provision for 'non-medical prescribers' to provide pharmacological interventions for substance use disorders. These may be nurses or pharmacists with additional qualifications for prescribing within agreed protocols. Pharmacological interventions should never be provided by staff who do not have qualifications to do so.

4.7 Recovery management interventions

Recovery management is a long-term process of continuous efforts to achieve and maintain recovery goals. These may be goals of voluntary, self-control over substance use, increasing a person's health and well-being; goals concerning employment or education, social support, and community integration. Recovery management interventions are sometimes described as continuing care interventions that continue during and after treatment. They are also sometimes particularly described 'aftercare' when a formal drug treatment episode ends. The 'International Standards for the treatment of drug use disorders' WHO/UNODC 2020, describe four principles of recovery management. These are:

- focus on increasing strengths rather than reducing deficits.
- flexible programmes to meet individual patient's needs.
- consideration of the patient's autonomy and choice in helping manage their 'chronic' condition' of substance dependence.
- Community participation and involving a patient's family, friends, and the community to play a role in a patient's recovery.

Recovery management combines activities and interventions, in addition to evidence-based SUD treatment. Recovery management helps to strengthen and promote a patient's internal and external resources to improve chances of stable recovery or remission. These may include:

- Strengthening an individual's resilience, self-efficacy, and self-confidence to

manage life challenges whilst maintaining recovery goals.

- Developing a supportive social network that can help achieve and maintain recovery goals.
- Helping people devise strategies to promote and maintain health and recovery.
- Education and training to prevent and
- manage relapse and overdose – including use of naloxone for opioid overdose.
- Education and resources to navigate health and social welfare systems.
- Active involvement in mutual aid and self-help such as the '12-step' fellowships, spiritual or other support groups
- Gaining or maintaining pro-recovery, stable accommodation
- Maintaining freedom from violence and abuse
- Resolving legal and financial issues and
- financial stability
- Continuing education or
- Gaining employment or a means of financial support (including volunteering)
- Social, cultural, humanitarian, or spiritual involvement to strengthen purpose in life.
- Helping to reduce the burden of stigma and discrimination of people with substance use disorders.

Some specific interventions that may be provided by SUD treatment providers include, facilitated access to mutual aid, and aftercare 'recovery-check-ups' at regular intervals after treatment (in-person or by phone or internet).

As with other interventions, services should

a. have written protocols or SOPs for each of the recovery management interventions it provides and

b. ensure staff are competent to deliver these interventions.

Box 23: Recovery management interventions are evidence-based and underpinned by established protocols

Key Quality Standards (2021)

Criterion:

E3ei. The service utilizes established protocol or SOP to ensure interventions to ensure recovery management interventions are evidence-based

E3eii. Staff have adequate professional knowledge and competence to deliver recovery management interventions

Evidence:

E3ei. A service protocol or SOP or similar document

E3eii. Staff records

UNODC Service Standards: Intervention standards

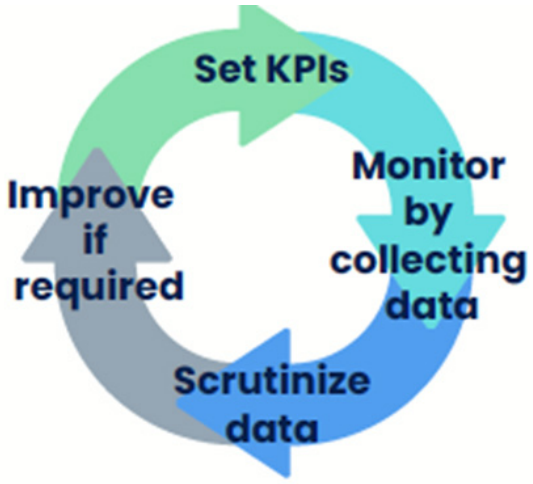
Int5: The service provides sustained recovery management services and support

4.8 Interventions are evidence-based and underpinned by established protocols: Checklist			
No	Standard	Evidence	Yes/ No
E3a	The service has a documented approach in line with evidence-base		
	A treatment manual (or similar documents) which covers all aspects of treatment provided	Treatment manual or documents Information from managers	
E3b	Interventions to reduce the negative health and social consequences of drug use		
	i. The service utilizes established protocol or SOP to ensure interventions to reduce the negative health and social consequences of drug use are evidence-based	Protocol or SOP for interventions to reduce the negative health and social consequences of drug use. Evidence the protocol is implemented	
	ii. Staff are competent to deliver interventions to reduce the health and social consequences of drug use	Staff records show staff have the qualifications and training to provide interventions to reduce the negative health and social consequences of drug use	
E3c	Psychosocial interventions		
	i. The service has an established protocol or document or SOP to ensure psychosocial interventions are evidence-based	Protocol or SOP for psychosocial interventions. Evidence the protocol is implemented	
	ii. Staff are competent to deliver evidence-based psychosocial interventions	Staff records show staff have the qualifications and training to provide psychosocial interventions	
E3d	Pharmacological interventions (if provided by the service)		
	i. The service has an established protocol or SOP to ensure pharmacological interventions are evidence-based	Protocol or SOP for psychosocial interventions. Evidence the protocol is implemented	
	ii. Staff are competent to deliver evidence-based pharmacological interventions	Staff records show staff have the qualifications and training to order, store, prescribe, dispense, and reconcile medication	
E3e	Recovery management interventions		
	i. The service has an established protocol or SOP to ensure recovery management interventions are evidence-based	Protocol, document, or SOP for evidence-based for recovery management interventions. Evidence the protocol is implemented	
	ii. Staff are competent to deliver evidence-based recovery management interventions	Staff records show staff have the qualifications and training to delivery recovery management interventions	

05 THE SERVICE MONITORS PERFORMANCE AND OUTCOMES AND TRIES TO IMPROVE.

Drug and alcohol treatment services are increasingly required to demonstrate whether they benefit patients and have the desired outcomes they are trying to achieve and whether patients are satisfied with the service, and if not, take steps to improve. This may be done by implementing a performance monitoring and improvement cycle as shown in Figure 5 below. This is elaborated on in the section below.

Figure 5: Performance monitoring and improvement



Drug and alcohol treatment service performance relates to whether a service meets targets for various aspects of service delivery such as, the numbers of patients it treats, bed occupancy rates, how many patients complete their treatment etcetera.

Drug and alcohol treatment service outcomes normally relate to the impact the service has on its patients – for example has drug use reduced or stopped, has patient's health improved.

Monitoring usually refers to the regular or routine collection of data that relates to the drug treatment service performance or outcomes. It is important to monitor those aspects of the service that are seen as critical to its success. One method

a service may use, or its funders may require, is to set key performance indicators (KPIs). These are normally a small number of data points that are thought to be the most important to demonstrate the service is meeting its targets or is effective.

Drug and alcohol treatment services can use performance and outcome data to monitor itself and demonstrate its efficacy or effectiveness. It can then implement actions to improve if targets are not being met. Funders may use monitoring data to scrutinise services, compare similar services and hold services to account or use it to inform service payment or grants.

There are three Key Quality Standards that relate to monitoring service performance and access – two relating to service access and one to monitoring performance and outcomes.

5.1: The service ensures timely access for its target groups

Ensuring timely access to drug and alcohol treatment is an important performance indicator in many countries. Box 24 outlines the two Key Quality Standards that relate to patient access. **E1: The service ensures timely access for its target groups** and

PC5a: The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment.

These standards ask services to both monitor and ensure access for all its target population. Examples of patient access KPIs include waiting times; numbers of patients from populations with special treatment needs accessing treatment, etc.

Engagement strategies for groups the service may not be reaching may include:

- outreach interventions to provide services in the community or attract patients into treatment and
- changing services offered to meet the needs of specific populations (for example interventions tailored to working with women/men, ethnicity, religion, sexuality, substances used).

A drug and alcohol treatment service's 'target population' will depend on the scope of the service. Some SUD treatment services are 'locality based' and designed or funded to meet the needs of all patients in an area (e.g., men, women, children and young people, people who inject drugs (PWID), etc). Other services may be designed for a particular target population such as a women-only service. Key Quality Standard PC5a recognises that some groups may be under-represented in treatment or harder to attract to treatment – and asks services to monitor access by different target groups and take steps to improve access if access is poorer for a particular group. A common example of this is a service where 80% of patients are men and 20% are women. In this example, the local needs assessment indicated 33% of local people with drug problems were women – so although less women had drug problems, women were still under-represented in treatment. In this example, the service then implemented steps to attract women and this included childcare for women who were parents and women-only interventions.

Box 24: Ensuring timely access

Key Quality Standards (2021)

E1. The service ensures timely access for its target groups

Criterion:

a. The service ensures and monitor timely access of patients to treatment

Evidence:

Evidence of one or more access KPIs. Evidence KPIs are monitored, and performance is reviewed

PC5. The service meets the needs of diverse group of patients

Criterion:

b. The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment

UNODC Service Standards: Core Care

CC3: The service provides timely access to treatment for all its target populations

5.2 Performance monitoring and management

Box 25 outlines Key Quality Standard E2- The service monitors and improves its outcomes and performance. Drug and alcohol treatment services may monitor a range of aspects of its service. For effective performance monitoring, it is important for drug treatment services to:

- Have clarity about what the service is trying to achieve – for itself and/or funders.
- Consider what KPIs can be set to meet internal and external needs.
- Think about how KPIs can be monitored. Ideally this should be via routine data collection, using local data requirements, regular patient satisfaction surveys etcetera.
- Have the internal resources to collect data
- and analyse data for monitoring reports for the management team.
- Have mechanisms and processes to improve performance.
- Consider how to involve patients in monitoring and improvement. Think about how to communicate monitoring results internally and externally.

Examples of performance monitoring KPIs include: retention in treatment, bed occupancy; numbers in treatment; numbers completing treatment, etc.

5.3 Outcome monitoring and management

Outcomes in the Key Quality Standards relate to patient outcomes. Patient outcome monitoring ideally requires having data on patient behaviour before treatment started and then during treatment and/or after treatment has finished. Normally primary outcomes for drug and alcohol treatment services relate to patients addressing their substance use disorder (for example, reductions in use, cessation of use). This may be measured by collecting data on patients' substance using behaviour , such as reduction in the number of days substances were used in the last month. Services may also measure reductions in substance-related harm such as measuring reductions in injecting drug use.

Other patient recovery outcomes may also be measured such as patient health and well-being, patient social networks, housing status, employment status, drug-driven crime etcetera.

It is very important to use the same monitoring tool each time patient outcomes are monitored. Monitoring of outcomes can be achieved by using validated assessment tools or outcome tools. Examples include the Treatment Outcome Profile (TOP) used in 5 countries and SAATSA utilised in South Africa. (see references)

Box 25: The service monitors and improves its outcomes and performance

Key Quality Standards (2021)

E2: The service monitors and improves its outcomes and performance

Criterion:

a. The service has targets or key performance indicators (KPIs) including patient outcomes

b. The service monitors its targets or KPIs

c. The service has mechanisms to improve its performance based on results of the monitoring

Evidence:

Service documents on KPIs', KPI monitoring reports or data, monitoring reports for management, plans to improve performance or outcomes

UNODC Service Standards: Core Care

CM8: The service monitors patient outcomes and uses the information in individual treatment to feedback progress and to monitor the service

CM9: The service monitors, reviews and improves performance where required.

5.4 The service monitors performance and outcomes and tries to improve: Checklist

No	Standard	Evidence	Yes/ No
E1	The service ensures timely access for its target groups		
	a) The service ensures and monitors timely access of patients to treatment	• Patient access monitoring reports • Evidence of service action to improve access	
	See also PC5a) maximising access for diverse patient groups		
E2	The service monitors and improves its outcomes and performance		
	a) The service has targets or key performance indicators (KPIs) including patient outcomes	• Service targets or KPIs. • Service targets for patient outcomes	
	b) The service monitors its targets or KPIs	• Target or KPI monitoring reports	
	c) The service has mechanisms to improve its performance based on results of the monitoring	• Evidence of service action to improve performance if required	

06 ENSURING SERVICES PROMOTE PATIENTS' HEALTH, SAFETY, AND HUMAN RIGHTS

This section relates to a section of the Key Quality Standards that covers health, safety, and human rights. It covers patients.

- being treated with respect and protected from abuse, malpractice, and discrimination.
- being fully informed of service rules, policies, and procedures
- patient health, well-being, and social functioning being promoted by the service.
- procedures of independent complaints.
- being protected from harm by the service ensuring the cleanliness, infection control, fire, and other serious incident prevention.
- medicine management.

6.1 Patients are treated with respect and protected from abuse, malpractice, and discrimination.

Box 26 outlines Key Quality Standard P1: Patients are treated with dignity and respect and protected from abuse, malpractice, stigma, and discrimination.

This important standard has four elements. Firstly, P1a) is Patients report they are treated with dignity and respect. There is evidence that patients who report staff treat them with respect in patient surveys has been associated with better reported outcomes in the UK and USA. This standard also relates to the importance of the service and staff having a positive therapeutic relationship with patients (see Section 4.5).

Secondly, P1b) is The service has procedures to ensure patients' rights and privacy are respected and protected. The service should therefore have established practice and a written protocol to ensure patient privacy is respected within the service and includes private space for washing and toileting, and privacy when being counselled or medically examined etcetera.

Third, P1c) is The service ensures an overall health and human rights promoting environment and patients are not subject to abuse, discrimination, or malpractice. A health promoting environment is one that actively seeks to improve the health and wellbeing of patients.

Box 26: Promoting patients human rights and preventing abuse and discrimination

Key Quality Standards (2021) P1: Patients are treated with dignity and respect and protected from abuse, malpractice, stigma, and discrimination

Criterion:

P1a) Patients report they are treated with dignity and respect

P2b) There are procedures to ensure patients' rights and privacy are respected and protected

P2c) The service ensures an overall health and human rights promoting environment and patients are not subject to abuse, discrimination, or malpractice

P2d) The service has an established protocol and documented activities to tackle stigma and discrimination of people who use drugs

Evidence:

a. Patient feedback, patient complaints records

b. Protocols or procedures, patient feedback

c. Visual inspections, patient feedback, patient complaints

d. Service protocol and documents, feedback from staff and patients

UNODC Service Standards: Intervention standards

Standard PR: Patients in specialised drug use disorder treatment should have their human rights respected, consent and be fully involved their treatment, and be empowered to reduce the negative impact of drug and alcohol use and achieve recovery outcomes.

Prevention of abuse in any healthcare setting is critical (including drug treatment services). Abuse may be:

- physical (e.g., beating or hitting, sexual abuse)
- mental (torture, humiliating practice, abusive language etc),
- constraint such as being tied, chained, or locked up,
- discrimination (may include unfair treatment due to sex, age, religion, culture, race, etc), or
- malpractice (may include non-evidence-based practice, or practice that the patient has not consented to).

Abuse of patients of any kind must not be tolerated by a drug or alcohol treatment service. If abuse is uncovered, action should be taken to say this is happening and stop it as quickly as possible. Once found, it should be reported to the relevant authority quickly (service higher management, funders, or the police – depending on the circumstances), stopped and the cause/s addressed. Drug and alcohol treatment services are advised to have a culture where staff and patients can report abuse without fear and be supported. This may include having an established policy and procedure on reporting as well as a 'whistleblowing' policy to encourage an open and transparent culture with a commitment to tackle abuse.

Fourthly, P1d: The service has an established protocol and documented activities to tackle stigma and discrimination of people who use drugs. This relates to tackling discrimination and stigma within a service and the local community. Sadly, stigma and discrimination of people who use drugs, and their families, is still common in many countries and communities, including in healthcare settings. Drug and alcohol treatment services are well-placed to promote and lead anti-stigma and discrimination activities.

Within the service, there should be active management to prevent unfair treatment, bullying or harassment of patients or staff based on sex, age, disability, ethnicity, language, religion, etcetera, of the diverse groups. The service itself should have an anti-discrimination protocol and established practice and an inclusive culture to tackle stigma and discrimination. The protocol should include processes for uncovering and investigating incidents, managing staff in line with HR policies and interventions with patients. This should also include how people with substance use disorders are described – ensuring language and terminology used does not add to stigma and is non-discriminatory. There are now many examples of services, user advocacy groups and countries producing 'anti-stigma language guides' (see references).

It is also good practice to promote good relationships between patients (and staff), such as welcoming diverse food, culture, marking religious or cultural events, etc.

The International Standards for the Treatment of Drug Use Disorders WHO/UNODC 2020 stresses that drug treatment services can help to tackle stigma and discrimination against people with substance use disorders in local communities. It requests services have information and undertake activities to actively reduce stigma and discrimination.

Activities may include education of community members or other health, social care and justice professionals that drug use disorders are treatable health conditions, communication such as 'good news' stories about patients (with their consent), or patients and people with 'lived experience' participating in activities to help the community (such as local 'clean-up projects').

The International Standards for the Treatment of Drug Use Disorders WHO/UNODC 2020 stresses that drug treatment services can help to tackle stigma and discrimination against people with substance use disorders in local communities.

6.2 Patients are fully informed of service rules, including confidentiality and information sharing.

Drug and alcohol treatment services have a duty to inform patients about any service rules and regulations that affect them. This includes expectations of patient's conduct and attendance; service environment rules (smoking, violence, drug use on premises etc); confidentiality and

Box 27: Informing patients about service rules including confidentiality and information sharing

Key Quality Standards (2021) P2: Patients are fully informed about service rules and procedures protecting confidentiality

Criterion:

a. The service has procedures protecting confidentiality that are known to patients

b. The service has written rules that are known to patients

Evidence:

Service protocols and documents relating to confidentiality, information sharing and service rules

UNODC Service Standards: Patient's Right's

Standard PR: Patients in specialised drug use disorder treatment should have their human rights respected, consent and be fully involved their treatment, and be empowered to reduce the negative impact of drug use and achieve recovery outcomes

information-sharing; restrictions of liberty; etcetera. Information about service rules should be given before patients are asked to consent to treatment (ensuring their consent is informed). Information should also be available during treatment and if rules change. Box 27 outlines Key Quality Standard P2 that relates to service rules.

Services should ensure that patients are informed in ways they can understand. This may include verbal and written information, and information for various levels of literacy and in different languages and dialects. Information should outline rules and, also the consequences if rules are broken. Staff should also 'model behaviour' in relation to observing service rules.

With regards to confidentiality and information sharing the principle is that patient information should not be shared without their consent - unless the patient or another person is at significant risk of harm. It is normal practice to share information (with consent) for example, to refer the patient for healthcare with another provider. If a patient is in a treatment programme mandated by criminal justice services, part of the 'consent process' may include sharing information such as regular reports with a court service.

6.3 The service promotes patient health, well-being, and social functioning.

Helping people with drug and alcohol use disorders improve their health, well-being, social functioning and (re)integration into communities are important roles of a recovery-orientated treatment service. Helping people improve their wider health and achieve social functioning and reintegration recovery outcomes can increase the likelihood of achieving stability and overcoming a substance use disorder.

A recovery-oriented approach is more than treating a health issue, the substance use disorder – it is an asset-based approach of recognising the strengths patients have, and helping them build on these strengths in multiple areas. If some activities to help patients build recovery capital are beyond the remit, scope or funding for a drug and alcohol treatment service, the service should

Box 28: Promoting patient health, well-being, and social functioning

Key Quality Standards (2021) P3: The service promotes patients' health, wellbeing, and social functioning

Criterion:

a. The service has a defined goal and interventions to improve health and well-being of patients.

b. The service helps each patient improve their social functioning and re-integration into communities

c. Food and drink provided by the service should be affordable, nutritious, and healthy (if applicable)

Evidence:

a and b) Service manuals and protocols, screening documents, referrals in patient record audits, health promotion material, patient feedback

c) Food menu in line with guidance on healthy eating, patient survey

UNODC Service Standards: Intervention standard Int1:

The service provides or works with others to promote health and reduce the negative health and social consequences associated with drug use by outreach or within services.

work in partnership with other organisations that can help patients build recovery assets.

Health and well-being refer to both physical, mental health (and sometimes spiritual health) and how well or healthy a person feels. Some people with substance use disorders, particularly those with a long-term chronic condition featuring dependence on drugs or alcohol, may have health issues incurred as 'collateral damage' from years of substance use. Some may have underlying or pre-existing conditions, such as trauma, mental health issues or chronic pain, that may have led to or contributed to their substance use disorder. Whatever the cause or sequence of health issues, a recovery approach means helping the patient improve those health issues.

Social functioning means that a person has, a social support network (such as family, friends, and peers); suitable housing; is in education, employment or has a means of earning an income; life-skills such as being able to shop, cook, manage money, interact positively with people; has interests and leisure activities; has meaning in life, spirituality, faith, or religion.

Social integration means that a person with lived experience of substance use disorder has positive links into a local community from which they contribute and gain support. Social reintegration is a two-way process and will also depend on whether the community accepts the person in recovery. Stigma and discrimination by local community members can be significant issues for people with lived experience of substance use disorders. The 'International Standards' (WHO/UNODC 2020) stress that drug treatment services can help address stigma and discrimination in local communities.

The final part of this standard refers to the provision of food and drink by a drug and alcohol treatment service. Not all services provide food and drink, but those that do should ensure that it is affordable (or free), healthy and nutritious – in line with country norms.

6.4 The service has a procedure of independent complaints for patients.

Drug and alcohol service managers should ensure that there is a mechanism in place that allows patients to make complaints about their treatment, the staff, or any aspect of the service they are not satisfied with. This standard (P4a) is outlined in Box 29 and is designed to ensure parity with other types of healthcare services.

Box 29: Patient complaints

Key Quality Standards (2021). P4: The service has a procedure of independent complaint for patients

Criterion:

P4a) The service has an independent complaints mechanism established for collecting, investigating, and responding to patient complaints that is known to patients.

Evidence:

Patient complaints policy, Complaints and investigation reports and actions taken. Patient feedback

UNODC Service Standards: Core management standard

CM6D: The service has a patient complaints and resolution procedure and reporting mechanism also **Patient Rights Standard PRJ:** Patients are aware of the services patient complaints procedure and processes including published response times.

This mechanism should include established procedures that enable a patient to make a complaint in a way that is confidential and/or protects them from negative consequences that may occur because of complaining. The procedure should outline.

- how patients can complain and to who
- how complaints will be investigated and
- how the service will respond to complaints including timeframes for responding.

The complaints procedure and process should be made known to all patients and advertised in patient information. All staff should also be aware of the patient complaints procedure and follow it.

6.5 The service actively ensures the cleanliness, infection control, fire, and other serious incident prevention.

Key Quality Standard P5 covers several areas relating to the need for drug and alcohol treatment services to ensure the cleanliness, infection control, fire safety and the prevention of other serious incidents.

a. Infection control and cleanliness

Box 30 outlines criteria P5a and P5b that relate to infection control and cleanliness.

Infection control is of critical importance to any healthcare service. It may be additionally important to drug and alcohol treatment services as the patient group be more vulnerable to catch and pass on some infectious diseases due to underlying health conditions. Drug and alcohol treatment services should have robust and established procedures to prevent the spread of infection. Infection control procedures may include:

- Handling blood and body fluids (urine, faeces, vomit etc).
- Handling and disposal of injecting and other disposable medical equipment.
- Managing needle stick injuries.
- Handling medical waste.
- Wearing person protective equipment (PPE) such as face masks, gloves, and face shields,
- Handwashing and sanitising
- Cleaning and disinfection of equipment and premises.
- How the service environment is managed to prevent the spread of infection (limiting numbers of people; managing patient 'flow'; designating areas for managing or isolating patients with infections or viruses; ventilation etc)
- Patient and staff vaccinations, immunisation and testing for infections or viruses.
- Contingency planning in case of an outbreak, epidemic or pandemic situation. This may include closure of services and/or implementation of social distancing or alternative methods of treatment provision (such as on-line or telephone).

Box 30: Infection control and cleanliness

Key Quality Standards (2021): P5: The service ensures cleanliness, fire, infection control and other serious incidence protection

Criterion:

P5a) The service has an established infection control protocol to minimize the spread of infections, viruses, and disease

P5b) The service meets national/local regulations for cleanliness for a health/social care facility

Evidence:

Infection control policy and evidence it is implemented, cleansing monitoring reports, staff training, inspections reports or certificates, etc

UNODC Service Standards: Core management standards CM4D:

The service meets national regulations/expectations for cleanliness for a health/social care facility and **CM4E** The service has an established infection control protocol to minimise the spread of infections, viruses, and illness

Countries or local areas may also implement infection control laws, rules, or requirements if there is a serious outbreak or pandemic that a drug treatment service may need to follow.

Criterion P5b) relates to ensuring a service is clean and meets local requirements with regards to the cleanliness of a health or social care provider. Requirements may vary between countries and local areas. In principle, the service manager should ensure that the service has established procedures regarding cleanliness. This may include:

- Expected levels of cleanliness in different areas of the service
- Cleaning methods and rotas.
- Audits of cleaning.

b. Meeting fire prevention and other health and safety requirements.

Preventing the outbreak of fire in drug and alcohol treatment services is core, in-line with requirements with other health and social care services. There have been documented instances where loss of life has occurred in residential drug and alcohol treatment services due to fire. Fire safety is of particular importance where buildings, in-patient services or residential rehabilitation units are locked. Many countries require health and social care services to gain certification to indicate they are in line with local fire safety laws and regulations. The Key Quality Standards require drug and alcohol treatment services to have established procedures in relation to fire safety. This would normally include:

- Nominated fire safety officers.

- Fire alarms and links to emergency services.
- Fire safety drills for staff and patients that.
- 'practice' what to do in case of a fire.
- Emergency exits and clear signage.
- Fire safety equipment (fire extinguishers, fire resistant doors; furniture and fittings.
- Rules regarding smoking or using nicotine products.

Box 31: Meeting fire, health, and safety requirements

Key Quality Standards (2021). P5: The service ensures cleanliness, fire, infection control and other serious incidence protection

Criterion:

P5c) The service meets national fire regulations or good practice

Evidence:

Certificates or documents that show regulations are met. Fire safety policy and evidence this is established: staff training, fire safety drills, emergency exit signage, fire extinguishers etc

UNODC Service Standards: Core management standard

CM4A: The service has established protocols and national/local certificates to demonstrate it meets health and safety requirements for a health/social care provider

c. Serious incident management including resolution.

Criterion P5d in Box 31 concerns the prevention of serious incidents (SI) or called serious untoward incidents (SUI). Serious incident prevention and management is a key requirement for managing risk in health services in many countries. It normally forms part of the clinical governance of services.

What is classified as a 'Serious incident' will vary between services and countries. Some examples of SIs include:

- Violence on premises (between patients, or patient to staff),
- Incorrect management of medicines
- Death or overdose of patients,
- Deliberate damage to service premises or equipment
- Theft on the premises
- Weapons on premises etc,
- Abuse of patients or breaches of human rights
- Abuse of staff,
- Significant theft
- Fire on premises
- Disruption to service continuity for example due to severe weather, loss of power supply or internet connectivity or civil unrest or war.

Box 32: Serious incident management and prevention

Key Quality Standards (2021). P5 The service ensures cleanliness, fire, infection control and other serious incidence protection

Criterion:

P5d) The service has established protocols and practice to manage serious incidents (SI)

Evidence:

SI protocol, SI investigation reports, SI improvement plans, information from managers

UNODC Service Standards: Core Management standard CM6G: The service monitors and reports serious incidents and ensures staff learn from mistakes to prevent future incidents.

It is not possible to foresee and prevent all serious incidents. However, drug and alcohol treatment service managers should think through the most likely serious incidents that may occur to the service and design protocols and establish processes and practices to identify, report, manage and mitigate possible negative consequences. SI protocols normally include:

- Definition of a Serious Incident
- The reporting system and requirement for reporting when Serious Incidents occurs (to service management and if required, Boards and local funders).

- Details of how Serious Incidents will be investigated including timeframes for reports to service management and stakeholders.
- Improvement planning to address issues that may have contributed to the SI.
- How the service will learn from serious incidents to prevent them from reoccurring.

In summary, when a serious incidence has occurred, it is good practice for service managers to investigate what has occurred, learn lessons from an investigation and then take steps to prevent it from happening again (if possible).

6.6 The service manages it medicines.

Management of medication is a key part of managing many healthcare services and is a core part of the clinical governance. All medication requires robust management, but for some types of medication (such as opioid medication), this is particularly important because of a potential for diversion to illicit drug markets, potential to cause harm if it is incorrectly managed or because it is classified as a 'controlled drug' in national or international legislation. Box 32 outlines Key Quality Standard P6: The service safely manages its medication.

Many specialized drug and alcohol treatment services have responsibilities concerning the procurement, prescribing, dispensing, storage and safe disposal of medication for patients. Some services may undertake all these functions. Services that provide pharmacology interventions to treat substance use disorders may provide most, or all these functions. Other services that provide pharmacological interventions may prescribe medication and work in partnership with off-site pharmacies who may undertake the bulk of medicines management.

Services that do not provide pharmacological interventions may still have a role in relation to medicines management if patients are being prescribed, or are in possession of, medication from another service – particularly if they are in a residential rehabilitation unit.

Managers of drug and alcohol treatment services that have any role in relation to medicines should ensure the service has an established medicines management protocol – tailored to the role and scope of the service.

The protocol may cover any of the following, depending on the role and scope of the service:

- Protocols for evidence-based pharmacological interventions
- Ordering and receipt of medication
- Safe storage of medication
- Prescribing of medication
- Dispensing of medication, either by the service or liaison arrangements with separate pharmacy services
- Disposal of medication
- Audit of prescribing practice and medications
- ordering, receipt, storage, dispensing, and disposal
- Reporting to service management or clinical governance meetings
- Improvement planning where practice requires improvement.

Box 33: Medicines management

Key Quality Standards (2021). P6 The service safely manages its medicines

Criterion:

P6a) The service has an established protocol to ensure safe storage, prescribing and dispensing of medication

Evidence:

Medicines management protocol, prescribing protocols, medicines audits, and improvement plans

UNODC Service Standards: Core management standard

CM6F. The service has comprehensive medicines management policies and procedures underpinned by audit and improvement plans

6.7 Ensuring services promote patients' health, safety, and human rights: Checklist			
No	**Standard**	**Evidence**	**Yes/ No**
P1	**Patients are treated with dignity and respect and protected from abuse, malpractice, stigma, and discrimination**		
	a) Patients report they are treated with dignity and respect	• Patient feedback • Patient complaints records	
	b) There are procedures to ensure patients' rights and privacy are respected and protected	• Protocols or procedures on patients' rights and privacy • Patient information such as leaflets or posters • Patient feedback	
	c) The service ensures an overall health and human rights promoting environment and patients are not subject to abuse, discrimination, or malpractice	• Protocol concerning prevention of abuse and malpractice. • Evidence a protocol is established. • Visual inspection	
	d) The service has an established protocol and documented activities to tackle stigma and discrimination of people who use drugs	• Protocol to concerning prevention of stigma and discrimination. • Evidence the protocol is established. • Documented actions to tackle stigma and discrimination	
P2	Patients are fully informed about service rules and procedures protecting confidentiality		
	The service has procedures protecting confidentiality that are known to patients	• Patient information on confidentiality • Patient feedback on confidentiality	
	b) The service has written rules that are known to service users	• Patient information service rules • Patient feedback service rules	
P3	The service promotes patients' health, wellbeing, and social functioning		
	a) The service has defined goals and interventions to improve health and well-being of patients.	• Documented service goals to improve health and wellbeing. • Patient feedback	
	b) The service helps each patient improve their social functioning and re-integration into communities	• Service interventions to help patients improve social functioning and re-integrate into communities. • Patient feedback	
	c) Food and drink provided by the service should be affordable, nutritious, and healthy	• Service menus	
P4	The service has a procedure of independent complaint for patients		
	a) The service has an independent complaints mechanism established for collecting, investigating, and responding to patient complaints that is known to patients.	• Patient complaints mechanism • Evidence patent complaints mechanism is utilised	

P5	The service ensures cleanliness, fire, infection control and other serious incidence protection		
	a) The service has an established infection control protocol to minimize the spread of infections, viruses, and disease	• Infection control protocol • Infection control audit, staff and client infection control information, personal protective equipment, etc	
	b) The service meets national/local regulations for cleanliness for a health/social care facility	• Cleaning rota and cleaning instructions • Audits of cleanliness • Evidence regulations are met (if appropriate)	
	c) The service meets national fire regulations or good practice	• Fire safety certificates. • Fire drills records. • Staff training/nominated fire officers	
	d) The service has established protocols and practice to manage serious incidents (SI)	• Serious incident management protocol • SUI incident or investigation reports • SUI improvement plans	
P6	The service safely manages its medicines (if applicable)		
	a) The service has an established protocol to ensure safe storage, prescribing and dispensing of medication	• Medicines management protocol • Prescribing protocols • Medicines manage audit reports. • Improvement plans	

07 AUDITING YOUR SERVICE USING THE KEY QUALITY STANDARDS

The Key Quality Standards (KSQ) can be used by drug treatment service managers and QA organisations to audit services to check their compliance with international standards.

A service may already have standards that they are required to meet as part of a Registration, Licensing or Accreditation process. In this instance, it may be beneficial to cross reference these standards to the Key Quality Standards to check compliance with KQS. If the KQS has standards or criteria not included in the service required standards, managers may choose to undertake an audit of these standards using the process below. If KQS are already included in the service standards – this is excellent, and the service can be assured they have quality assurance mechanisms that are helping keep them in line with international good practice.

7. 1. Create a plan for the audit and allocate team and resources.

Checking compliance of services against a set of standards can be a resource intensive activity. It should therefore be properly planned and resourced, and the management team should have a clear idea, in advance, on who should receive a report of an audit and how potential improvement requirements arising from the audit will be managed.

Managers are advised to:

- Designate a manager for the work, who can oversee its progress and report back to the management team on progress.
- Scope the audit and allocate resources according to the scope of the work. This may vary considerably between different services. For services that have an established set of standards or quality assurance mechanism, this may be a smaller piece of work of cross referencing their standards with the KQS and then auditing a smaller number of standards. For services without standards who are new to audit, this is potentially a larger and more complex piece of work. Resources may include staff time, IT capacity (for example the creation of a spreadsheets to capture data), resources for patient involvement, equipment (printing, computers etc)
- Create an overall plan for this work according to the scope of the project.
- Ensure governance is considered when gathering information from staff and patients. Normally internal audits can be approved by internal management teams, but consideration of staff and patient consent mechanisms and how anonymity of feedback will be maintained are important,

- Agree on the reporting mechanism for the audit in advance of the audit being conducted. This will include, who will receive it first, will there be 'confidential' management discussions first, how will staff and patients be informed of results, how will improvement actions be planned and managed.

7.2 Adapt

It is very important to firstly tailor or adapt the standards and criteria to fit the scope and remit of the service and resources available for the audit.

Firstly, managers should read the KQS and then select the standards and criteria that relate to their service.

- If the service has existing standards, cross reference these standards with the Key Quality Standards. If there are standards and criteria not included in your existing standards, consider auditing these and adapting these standards.
- It is expected that most of the Key Quality Standards will be relevant to all specialized drug treatment services. However, one exception may be M4: The service meets national and local requirements for providing drug treatment as not all countries have requirements.
- Managers may need to tailor criteria to reflect their service and its scope to match the interventions it provides, the settings it provides and the patient or service user groups it serves.

- A section of standards and criteria which may require adaptation is likely to be Section 3 of the Key Quality Standards (KQS): Timely access to evidence-based interventions. Services will need to tailor the criteria to target patient groups and the interventions it provides.
- Then, managers may wish to select extra standards that relate to WHO/UNODC Service Standards 2020 relating to different target population groups.
- These are outlined in Appendix 2 and cover: children and adolescents with SUD; women and pregnant women; people with SUD involved in the criminal justice system; and working with different patient groups and helping tackle stigma.
- Managers may also wish to select extra standards that relate to WHO/UNODC Service Standards 2020 relating to different types of services. These are outlined in Appendix 3 and include: outreach services; settings not specialized to provide SUD treatment; specialized out-patient or community-based SUD treatment services; specialized in-patient SUD treatment services and specialized residential rehabilitation services.

After selection of standards and criteria, managers may wish to culturally-adapt the language of the criteria to reflect some of the terminology used in that country or area.

- Next, adaptation may be required relating to what evidence will be used to assess compliance with a criterion. Managers are advised to go through the draft suggested evidence provided in the KQS and think about whether this is available for their service, or a whether a different source of will need to be used.
- Finally, the service is advised to consider how the criteria will be scored by the service. Again, suggested 3-point scoring system (Met, partially Met, Not Met) is provided in the KQS. However, a service provider may decide a different scoring system may be beneficial such as a narrative description, or a 5-point scoring system. Whatever system is decided, it is advised that this is documented for each criterion, so scoring is clear and transparent.

7.3 Assess

The next step is that the allocated audit team assess the service against the adapted standards and criteria to decide whether the service meets each criterion.

Service managers may choose to conduct an audit of all the KQS at once or choose to do an audit over a longer period of time, such as auditing one section of the Key Quality Standards at a time for example, 'effective management' standards, then 'Individualised patient treatment and care' standards etc.

Prior to collecting evidence, managers should agree and document the methods to be used to collect data. As previously stated, governance of the audit process is important and agreement for the audit may need to be approved by the service management or clinical governance mechanism.

Assessment process and methods may include:

- listing all documents required in the audit.
- (Protocols, plans, financial reports, patient information etc) and compiling document evidence file
- agreeing on questions for the service managers, in line with evidence required for criterion and conducting interviews with the manager. A structured interview schedule or written list of questions is advised.
- Agreeing staff questionnaires, whether all staff will be asked to respond or a sample of staff and how these will be administered, and data collected back.
- How the audit of patient records will be undertaken. This will include: what sample; how the sample will be chosen; how the data will be collected (can data be extracted electronically or manually or both), how will it be collated?

Figure 6: Recommended process for using the Key Quality Standards to audit your service

- Obtaining and collating service monitoring data. Ideally this will be from routine data already collected by the service, but some bespoke data collection may be required.
- Agreeing on questions for patients and the methods for conducting patient surveys or focus groups.
- How staff records will be audited (sample size, what data, for example supervision frequency, how it will be collected and collated)
- Devising a checklist for a visual inspection and conducting the inspection; for example, looking at service signage, cleanliness, fire protection.
- How existing data will be used for the audit including existing patient complaints, incident reporting, existing audits such as infection control audits, equipment checks, fire equipment checks and drills etc).

When all the evidence has been collected, the audit team should score each criterion using the evidence collected. The team will hopefully have agreed on a scoring method in advance and scoring thresholds (for example for a criterion being met, partially met, or not met).

It is important to note that if serious issues are uncovered such as breaches of professional practice or human rights, this should be escalated to management immediately, and action taken to address these issues quickly.

7.4 Report

Following assessment and scoring by the assessors, the results of the audit should be written into a report for the management team and/or clinical governance meeting as previously agreed. Audit reports often feature a 'scorecard' or a summary sheet of scores using colours of numbers that are easy to understand. The results of audit should be thoroughly discussed, and agreement reached on what areas should be prioritised for action or improvement.

It is good practice to share the results of an audit with those who have participated including patients. This may be a summary report. It is also good practice to outline the areas the service is performing well in and the areas the service will improve as a result of the audit and the timescales for this.

Audit reports may also be shared with key stakeholders such as funders – if appropriate.

7.5 Improve

Where priority standards or criteria have not been met, action plans should be created to improve these areas. This may require investigation about what is causing poor compliance – as it may not be obvious. Reasons for not meeting a standard may be related to poor documentation or recording – such as poor record keeping on patient records, or it may be due to poor practice or both. Where standards have not been met, it advisable to prioritise areas for improvement that are critical to patient health and safety and service continuity for action.

It is advisable for services to develop improvement plans where a standard is not met. An improvement plan should state the following:

- the standard or criteria for improvement; the improvement required.
- the target or outcome of the improvement.
- the resources required for the improvement to be made.
- who is responsible.
- when the improvement target will be met.
- when the re-audit will occur.

Improvement plans should be SMART: specific; measurable; attainable; relevant and timely.

Setting dates for re-audit to check for improvement is an important part of the process. If the QA assessment is external, this may be defined by the assessing body.

There are many evidence-based techniques and strategies that can be deployed to help improve practice and quality. These include:

- **Process mapping** techniques to explore intervention or service delivery issues.
- **Plan, Do, Study, Act (PDSA)** techniques which enable improvement planning and taking small steps that are evaluated for impact before widespread implementation of improvement activities.
- **Health system approaches** to developing quality and safety strategies such as those described by WHO Europe (34)
- **'Commercial'** quality improvement methodologies such as Sigma Six or Total Quality Management (TQM)

Links to these evidence-based techniques are provided in the reference and additional reading section of this report.

GLOSSARY OF KEY TERMS

Accreditation

Accreditation is a process of independent, external assessment of an organisation with the goal of receiving an award or 'kitemark' that recognises the organisation meets a defined set of quality standards.

Audit

An audit is a systematic examination of an activity, process, data, records, or environment.

Drug and alcohol treatment intervention.

A drug and alcohol treatment intervention is a planned therapeutic activity undertaken with a patient or group of patients. Drug treatment interventions should be evidence-based or have scientific evidence that they are effective.

Guidelines and guidance

Drug and alcohol use disorder treatment guidelines are normally evidence-based documents providing official advice on a topic that have been developed through a defined process in accordance with a locality or organisational requirements and therefore have status in the locality or organisation. Guidance documents also provide advice but may not have a defined process or status.

Inspection

Inspection is a process of independent, external assessment of an organisation against standards – normally by a body tasked with regulation or quality functions.

Key Performance Indicators (KPI)

A key performance indicator is a quantifiable measure used to evaluate success in meeting objectives for performance, process, or outcome.

Monitoring

Is a process of collecting periodic data or information on an activity, situation, or service over time.

Outcome

An outcome is the result, effect or impact of an intervention, service, or system.

Patients

'Patient' is the terminology used to describe the recipients of treatment for substance use disorders in this document. We recognise that some countries prefer terms such as 'service users' and 'clients', particularly for those in receipt of low threshold interventions and services.

Patient outcome measures

Measuring patient outcomes is an important concept in treatment. Patient outcome monitoring examines whether an intervention has had the desired impact on behaviour, health, or status. A baseline quantifiable evaluation is made of an aspect of a patients functioning, and subsequent re-evaluation than can indicate change made. Outcome measurement using validated evidence-based tools can provide evidence of the impact of treatment. In drug and alcohol treatment, the primary patient outcome measurement normally involves evaluation of changes in drug and alcohol use (for example reduction, cessation), though measurement of changes in other patient behaviour, health or social functioning should also be examined.

Process measures.

Process evaluation assesses how well a programme or intervention is being implemented or delivered, as opposed to an impact evaluation. Process measures normally focus quantifiable measures of aspects of delivery, such as the number of people receiving a particular kind of treatment, how long people wait for treatment etc.

Qualification/credential

A qualification or credential is an official record that demonstrates a level of knowledge or competence in a particular area.

Quality

Based the World Health Organisation definition, quality is 'the extent to which drug demand reduction (DDR) interventions, services or systems improve outcomes. Quality has six dimensions: safety; effectiveness; accessibility; efficiency; equitability; and acceptability to clients.

Quality Assurance (QA)

QA is a process of activities or programs intended to monitor, assure, or improve the quality of an intervention, service, or system.

Quality Standards

A Quality Standard is a statement of expected requirement. Quality standards may also have more detailed requirements or criteria.

Regulation

Regulation is an act of controlling something in line with a set of laws, procedures, rules, or standards. A regulatory body is an official body or organisation that is responsible for ensuring others act in accordance with a defined set of laws, procedures, rules, or standards.

Specialized drug and alcohol treatment service

A specialised drug and alcohol treatment service is an organisation whose primary purpose is to provide drug and alcohol use disorder treatment for people with substance use disorders (though they may provide other types of treatment – particularly for the patient group). Specialized drug and alcohol treatment services can be expected to have clinical staff with enhanced or specialist competence to delivery substance use disorder treatment.

Recovery

According to CND resolution 57/4, there are diverse understandings of the term 'recovery', all of which involve improvements to the quality of life of individuals. Recovery is generally described as a process of gaining voluntary control over drug and alcohol dependence, improving health and well-being and re-integration into local communities. The concept of recovery recognises that substance use disorders can result in chronic relapsing conditions requiring…support for those affected and… initiatives to promote recovery and facilitate re-integration and participation in society. The Standards refer to the White (2007) definition of recovery and recognise recovery should be the ultimate goal at every stage of the treatment continuum, at every stage of the disorder and across a variety of settings.

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APPENDIX 1: KEY QUALITY STANDARDS AND CRITERIA FOR DRUG USE DISORDER SERVICES

The Key Quality Standards (Quality assurance in treatment for drug use disorders: Key Quality Standards for appraisal '(2021 pre-publication draft) UNODC, WHO, Colombo Plan DAP, COPOLAD, CICAD, OAD, and the African Union, are outlined below in full.

Effective management of services				
No	**Standard/Criteria**	**Evidence**	**Scoring (suggested only – for discussion and cultural adaptation)**	
M1	**The service adequately plans the delivery of treatment and care for drug use disorders**			
a	The service has a written action plan for its functioning and development	A written plan with stated targets for a set timeframe e.g., an annual plan Information from managers	Met	A comprehensive plan/ document
			Partially met	Incomplete plan or plan is outdated
			Not Met	No plan
M2	**The service operates within established financial procedures**			
a	The service has clearly formulated procedures to manage and report on financial resources allocated to its functioning and development	Financial procedures documentation Information from managers	Met	Procedures documented and evidence they are followed
			Partially met	Some financial procedures and/or little evidence they are followed
			Not Met	No evidence of consistent financial procedures
b	The service has a budget allocated for its functioning and delivery according to the written plan	Established budget for set timeframe e.g., annual budget Evidence the budget meets the plan Information from managers	Met	Current budget that meets the plan
			Partially met	Current budget does not fully meet the plan
			Not Met	No current budget
c	The service reports regularly against its expenditure	Financial reports Information from managers	Met	Regular financial reports
			Partially met	Some financial reports but nor regular or only partial
			Not Met	No financial reports
M3	**The service adequately manages its human resources to provide effective and caring treatment**			
a	The service staffing structure meets national regulations or the current service plan	Written documentation on human resource allocation Personnel/patient ratios or caseload information from managers	Met	The service has enough personnel to meet the plan or national regulations
			Partially met	The service has some deficits in personnel but is working to improve this
			Not Met	The service has insufficient personnel to meet the plan or regulations

No	Standard/Criteria	Evidence	Scoring (suggested only – for discussion and cultural adaptation)	
b	The service ensures that personnel are competent and have the necessary education and training	Personnel records such as personnel qualifications, credentials, training records Information from managers and personnel	Met	Evidence that the majority or personnel have necessary education/training
			Partially met	Evidence that the majority or personnel have some necessary education/training
			Not Met	Evidence that the majority or personnel do not have necessary education/training
c	Personnel receive regular technical and personal supervision and support	Documents or regulations for provision of regular supervision and support for human resources Personnel record audit of supervision and support Information from managers and personnel	Met	There is a system of regular supervision that is available for the majority of professionals
			Partially met	There is a system of regular supervision that is available for some of professionals or supervision available is not regular
			Not Met	Little or no personnel supervision or support
M4	**The service meets national/regional requirements for operating as a drug use disorder treatment service (if applicable)**			
a	The service is locally registered/ accredited/certified to provide drug use disorder treatment	Certificate of registration/ accreditation/certification to operate as a drug use disorder treatment provider	Not Applicable	Country does not have a registration system for the particular service
			Met	Service fully registered/ accredited/certified
			Partially Met	In process of registration/ accreditation/certification
			Not Met	Service not registered/ accredited/certified
M5	**The service has adequate facilities and equipment for service delivery**			
a	The service facilities are adequate for type of service and interventions offered	Information on whether the facilities for service provision are in line with local regulations and requirements in terms of rooms, space, environmental hygiene based on site visit Documents for the facility including rooms/toilets and space Service plan and/or patient numbers attending daily	Met	Service meets all requirements in terms of rooms, space, environmental hygiene
			Partially met	Service partially meets requirements in terms of rooms, space, environmental hygiene
			Not met	Service doesn't meet requirements in terms of rooms, space, environmental hygiene
b	Service equipment is adequate and 'fit for purpose' for the service and interventions offered	List of equipment Equipment safety or maintenance records, including regular technical inspections/calibration Information from Managers	Met	Equipment is adequate and 'fit for purpose'
			Partially met	Equipment is sufficient but doesn't fit all purposes
			Not met	Equipment is insufficient or inappropriate

M6	**The service has a patient records system that facilitates treatment and care**			
a	The service has a comprehensive patient record system.	Comprehensive paper or electronic patient record system	Met	Comprehensive paper or electronic patient record system
			Partially met	Partial paper or electronic patient record system
			Not met	No paper or electronic patient record system
b	The service has an established information management procedure for patient records.	Documentations on information management procedures, such as patient records	Met	Procedure and evidence are established
			Partially met	Procedure and/or evidence of information management is not established in full
			Not met	No procedure and little evidence of information management
M7	**The service has sustainable quality assurance mechanism**			
a	The service has defined standards for service provision.	Service standards document.	Met	Standards for all key areas
			Partially met	Some standards for some key areas
			Not Met	No standards
b	The service monitors and regularly audits its practice against its standards	Service monitoring or audit data or reports.	Met	Standards, audit or monitoring of all key areas
			Partially met	Standards, audit or monitoring of some key areas
			Not Met	No standards, audit, or monitoring
c	The service has an established mechanism to involve patients in the quality assurance of the service.	Patient feedback mechanism/exit questionnaires, management reports Information from service users	Met	Evidence of consistent patient involvement in quality assurance
			Partially met	Some evidence of consistent patient involvement in quality assurance
			Not Met	No evidence of patient involvement in quality assurance
d	The service regularly reviews and improves practice if required	Clinical governance or management meetings Audit or monitoring reports. Improvement plans	Met	Audit, regular discussion in meetings and improvement plans
			Partially met	Some audit, meeting discussions and improvement plans
			Not Met	No evidence of quality assurance process

Notes:

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders, and patients' representatives)

M1a: A Service Plan or Strategic Plan would commonly include vision, principles, objectives, targets and activities, roles and responsibilities, timeline and indicators, elements such as a description of the service; the services provided; numbers of patients; priorities; staffing; finances and targets for the reporting period, etc.

M2a: Financial procedures may include purchasing or goods, equipment, or contractors; payment of personnel and bills and utilities; keeping records of financial transactions; 'petty cash' management; patient fees procedures (if applicable); ensuring money or goods given as donations as recorded and used for the purpose given etc.

M2b: Having a current service budget is good practice and required in many countries.

M2c: 'Regular' finance reports may be annual, quarterly, or monthly depending on the type of service and requirement of its management/board/funding bodies.

M3a: Requirements for personnel numbers and disciplines may vary in different countries. Some countries specify the personnel required for different specialized drug use disorder services. If personnel expectations are not explicit, the scoring should be agreed in advance of assessment by the Quality Assurance team and services. Assessors should make notes of the numbers of patients and daily attendance, the type of services (out-patient/in-patient/residential), personnel numbers (onsite and on call) and pro-file/professional background (managers, administration, receptionist, doctors, nurses, psychologists, counsellors, volunteers etc).

M3b: 'Personnel competence' is defined as 'the skills, experience and/or qualifications/credentials required to perform a job'. Personnel competence requirements may vary from country to country. Direct evaluation of personnel skills and experience is beyond the goals of this tool. Personnel competence is assessed by audits of personnel records and training records.

M3c: This criterion reflects an expectation of regular supervision (e.g., monthly) and support for personnel providing direct treatment or interventions to patients.

M4a: Some countries, regions or states have requirements a service needs to meet to operate a drug use disorder service. This may be meeting a registra-tion/accreditation/certification process. This criterion may not be applicable in some countries as it is dependent on whether the county has a registra-tion/accreditation/certification system.

M5a: Facilities include reception and waiting area; counselling rooms, groupwork rooms, clinical rooms, toilets, kitchens, administrative/record storage area, outside areas etc. If the service is residential or in-patient this includes beds per room/ward.

M5b: Equipment may include medical equipment used during assessment, examination, or treatment (medical devices, blood pressure equipment, stethoscope, oxygen equipment, suction machine, examination couch), computers and office equipment, kitchen equipment, cleaning equipment etc.)

M6a: Comprehensive patient record systems includes patient sociodemographic details; assessment and risk assessment and mitigation documents; signed consent docu-ments; case notes of all appointments and contacts; medication records; treatment plans and treatment plan reviews; referrals and joint work with other providers (e.g., health services); discharge and throughcare planning; family involvement and contacts.

M6b: The established information management procedure should cover ensuring e.g., the collection and storage of patient records, ensuring patients confidentiali-ty/appropriate information sharing, consistent approach to information breeches (who is told, what corrective action is taken) etc.

M7: An established quality assurance mechanism consists of a service having a process for intermittently monitoring or auditing its practice against standards and, if practice falls short of standards or goals, planning improvement then, taking action to improve.

M7a: Standards may cover all aspects of service management and the delivery of treatment and care assessment.

M7b: Monitoring may be including: the collection and reporting on service performance data such as numbers in treatment; length of patient stays etc; it may include regular audits of patients records or medicines management or service protocols. Patient feedback may also be included in regular monitoring.

M7c: Patient feedback and involvement in the quality assurance of drug use disorder services is good practice as outlined in 'the International Standards" (WHO/UNODC, 2020). This may be via regular feedback mechanisms, patient representative bodies that link with management or quality assurance or service redesign or patients' _questionnaires, focus groups,

M7d: Review of monitoring of quality reports and data would normally be by the service management or quality meeting (such as clinical governance meetings.

The service provides individualized, patient-centred, treatment				
No	**Standards and Criteria**	**Potential sources of information**	**Scoring (suggested only – for discussion and cultural adaptation)**	
PC1	Patient assessments are comprehensive and participatory			
a	Patient assessments are comprehensive	Patient records Information from managers, personnel, and service users	Met	Comprehensive assessment in most patient records
			Partially met	Comprehensive assessment in some patient records
			Not Met	Few comprehensive assessments
b	Patients play active role in their assessment and their opinions are valued.	Patient records Information from service users	Met	Most patients or records indicate participatory approach
			Partially met	Some patients or records indicate participatory approach
			Not Met	Little or no evidence patients or records of participatory approach
c	Patient strengths and resources (recovery capital) are taken into account during assessment	Patient records Information from service users	Met	Most patients or records indicate strengths or assets
			Partially met	Some patients or records indicate strength or assets
			Not Met	Little or no evidence patients or records of strengths or assets
PC2	Treatment and care provided is based on informed consent from patients			
a	The service is provided on the basis of free and informed patient consent	A protocol for informed consent Patient records Information from service users	Met	Protocol/patient information, audit show patients' routine consent
			Partially met	Some evidence from protocol/ patient information/patient feedback
			Not Met	No evidence of consent in records or from patients_' _feedback
b	The service documents consent to treatment in patients' records	Patients' records	Met	Records indicates routinely consent
			Partially met	Some records contain consent record
			Not Met	No evidence of consent on patients' records

No	Standards and Criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
PC3	All patients have a written individual treatment plan that is regularly reviewed and helps co-ordinate treatment and care			
a	Patients have a written individual treatment plan	Treatment plans in patient record audit	Met	Majority of current patient records have a treatment plan
			Partially met	Some patient records have a treatment plan
			Not Met	A small minority or no patient records have a treatment plan
b	The service regularly reviews treatment respecting patients views on treatment provision	Patients' records: number of treatment plan reviews in the last year	Met	Majority of current patient records have a treatment plan review
			Partially met	Some patient records have a treatment plan review
			Not Met	A small minority or no patient records have a treatment plan review
c	The service records referrals of patients to other providers in patient treatment plans	Patient documentation for referral records and coordination of care where other providers are involved (to meet patient need) Information from managers, personnel, and service users	Met	Majority of current patients' records show co-ordination if needed
			Partially met	Some patients_' _records show co-ordination if needed
			Not Met	A small minority or no patients' records show co-ordination if needed
d	Patients have discharge plans when they leave the services to encourage throughcare and reduce relapse	Patient documentation of last discharged patients (e.g., last 10): discharge plans in patients' records	Met	Majority of discharged patients' records have discharge plans
			Partially met	Some discharged patients' records have discharge plans
			Not Met	A small minority of discharged patients' records have discharge plans
PC4	The service works in partnership and co-ordination with other services to meet patient needs			
a	The service works with other providers to meet patient needs	Referral forms, partnership agreements with other providers Patients' records Information from managers	Met	Evidence of partnership with a range of other service providers
			Partially met	Evidence of some partnership with other service providers
			Not Met	Little or no evidence of partnership arrangements
PC5	The service meets the needs of diverse group of patients			
a	The service maximizes access to care for diverse range of target populations and has strategies to engage groups not accessing treatment	Targets (e.g., Key Performance Indicators, KPIs) for access for different patient groups Information from managers on engagement strategies for under-represented or 'hard to reach groups"	Met	Range of access targets and engagement strategies
			Partially met	Few access targets, limited evidence of engagement strategies
			Not Met	No evidence of targets, or engagement strategies

No	Standards and Criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
b	Personnel are trained to work with diverse groups of patients.	Personnel records, such as personnel qualification, credential, training records	Met	Evidence that majority of personnel have all necessary education/training
			Partially met	Evidence that majority of personnel have partial necessary education/training
			Not Met	No evidence that personnel have necessary education/ training
c	The service has an established protocols to ensure the needs of populations with special treatment and care needs (such as women, C&A, etc.) are met	Protocol for populations with special treatment and care needs and evidence the protocol has been established Information from managers and personnel	Not applicable	Service focuses per concept on particular subpopulation (e.g., male patients) only
			Met	Protocol/procedures established for populations with special needs
			Partially met	No protocol, but evidence of tailoring interventions for populations with special treatment and care needs
			Not Met	No protocol, practice, or tailored interventions
PC6	The service involves patients in service design and delivery			
a	The service has established mechanisms to involve patients in the design of the service	Patient advisory group/ meeting minutes showing involvement. Information from service users	Met	Evidence of consistent patient involvement in service design
			Partially met	Some evidence of consistent patient involvement in service design
			Not Met	No evidence of consistent patient involvement in service design
b	People with 'lived experience' of drug use disorders and recovery are involved in service delivery.	People with 'lived experience' mentioned in service provision documentation. Personnel record audit shows that some volunteers/personnel have 'lived experience'. Information from managers and personnel	Met	Peers are involved in service delivery adequately
			Met	Peers are involved in service delivery adequately
			Met	Peers are involved in service delivery adequately

Notes:

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders, and patients' representatives

Definitions

Patient-centred care: care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities, and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care—the patient—people-centred care encompasses these clinical encounters and includes attention to the health of people in their communities and their crucial role in shaping health policy and health services. 67

PC1a: Assessment tools should cover SUD; mental & physical health; social functioning etc. Validated assessment tools are those that have been scientifically tested to produce reliable results on different patient groups and administered by different personnel. They include (but are not limited to): Addiction Severity Index (ASI) Substance Abuse Disorder Questionnaire (SADQ), Mini International Neuropsychiatric Interview (MINI) (Sheehan et al, 1998; Sheehan, 2016), Structured Clinical Interview for DSM-5 (SCID) (First et al, 2015) or the Composite International Diagnostic Interview–Substance Abuse Module (CIDI-SAM) (Cottler, 2000) etc.

PC1c: Patient assets or strengths are important in assessments and treatment planning as the service should aim to help the patient build recovery assets. Such may include the patient's psychosocial situation, strengths beyond biomedical considerations and diagnostic procedures.

PC2a: Informed consent is patient permission for an organization to provide treatment interventions after assessment and the service has explained the recommended treatment, risk, benefits, and service rules. The more intensive or invasive the treatment is – _the higher the threshold is for informed consent.

PC3a: This criterion may not apply to patients receiving brief interventions, drop-in, or single session interventions. A treatment plan may be a standalone document or a note on the record indicating the issues and goals the patient is working towards. It is good practice for patients to sign and/or have a copy treatment plan and have been involved in the plan and goal setting.

PC3b: This criterion may not apply to patients receiving brief interventions, drop-in or single session interventions who may not be suitable for or require a treatment plan. The definition of 'regular' may differ from service to service, depending on the patient group needs and treatment setting. It is good practice for patients to sign and/or have a copy treatment plan review and have been involved in the review and goal setting.

PC3c: Co-ordination may not be required for all patients. Evidence of care coordination could include joint case review or coordination meetings in patient records: evidence of joint working arrangements with other providers such as agreed Standard operation procedures (SOPs); information/sharing agreements; referral and acceptance pathways etc.

PC3d: This criterion should not be applied to patients receiving brief interventions, drop-in, or single session interventions. The sample for audit should be recently discharged patients only e.g., the last 10 discharged (who did not drop-out).

PC4a: Documents could include partnership meeting minutes, joint case review notes; evidence of case management with other providers, evidence of referrals to know links, memorandum of understanding (MoU) with partners.

PC5a: KPIs for access examples include waiting times; or target numbers of patients from a particular group or location; to ensure access for all its target population. The target population will depend on the scope of the project and whether it explicitly provides SUD treatment for a locality of certain groups within a locality e.g., men, women, children and young people, people who inject drugs (PWID), etc. Engagement strategies for "hard to reach groups" may include outreach into particular population groups, group specific interventions (e.g., tailored to age, working with women/men, ethnicity, religion, sexuality, substances used etc.)

PC5b: Personnel records show training and/or competence in sexuality, age, ethnicity, language, religion etc depending on service target group.

PC5c: This statement may not be applicable for some services. Protocol for populations with special treatment and care needs and/or evidence the protocol or practice is established.

PC6a: Established mechanisms for involving patients in service design may be patient surveys on service redesign, a patient representative body that management consult with or other patient consultation methods.

PC6b: Selected and properly trained peers can work in treatment services, providing specific interventions aimed at helping identify patients, engage them and keeping them in treatment. Involvement in service delivery requires adequate training and may be in a variety of roles such as peer support workers or providing mutual aid groups, outreach workers, volunteers such helping with 'front of house', meeting and greeting new patients, or providing refreshments in waiting areas etc. The health and recovery process of peer workers needs to be considered and they need to receive adequate support.

The service provides timely access and ensures interventions are effective and evidence-based				
No	**Standards and criteria**	**Potential sources of information**	**Scoring (suggested only – for discussion and cultural adaptation)**	
E1	The service ensures timely access for its target groups			
a	The service ensures and monitor timely access of patients to treatment	Evidence of one or more access KPIs Evidence KPIs are monitored, and performance is reviewed	Met	Access monitoring and evidence of review
			Partially met	Either monitoring and/or evidence of review
			Not Met	No monitoring or review
E2	The service monitors and improves its outcomes and performance			
a	The service has targets or key performance indicators (KPIs), including patient outcomes	Evidence targets or KPIs are monitored	Met	A range of KPIs
			Partially met	One KPI
			Not Met	No KPIs
b	The service monitors its targets or KPIs	Evidence targets or KPIs are monitored, KPI data reports for management Patient outcome data	Met	Data available for majority of KPIs, including patient outcomes
			Partially met	Data available for some KPIs and some patient outcomes
			Not Met	No KPIs or no KPI monitoring
c	The service has mechanisms to improve its performance based on results of the monitoring	Outcome monitoring reports Strategies to improve outcomes Improvement plans	Met	Outcome monitoring and strategies/improvement plan for all areas not meeting goals
			Partially met	Some strategies and/ or improvement plan for areas not meeting goals
			Not Met	No strategies to improve performance or outcomes
E3	Interventions are evidence-based and underpinned by established protocols or standard operating procedures (SOP)			
a	The service has a documented approach in line with evidence-base.	A treatment manual (or similar documents, for example national standards/guidelines for service provision) which covers all aspects of treatment provided. Information from managers	Met	A treatment manual covering all aspects of the services
			Partially Met	Partial documentation of the services in a manual or documents
			Not Met	No manual or documents

No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
bi	The service utilizes established protocol or SOP to ensure interventions to reduce the negative health and social consequences of drug use are evidence-based	Protocol or SOP (or similar documents, for example national standards/ guidelines for service provision) for interventions to reduce the negative and social consequences of drug use. Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol or SOP or verification evidence-based practice is established
bii	Personnel involved in the provision of the services possess adequate professional knowledge and competence to deliver interventions to reduce the negative health and social consequences of drug use	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/ training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training
ci	The service has an established protocol or document or SOP to ensure psychosocial interventions are evidence-based	Protocol or SOP (or similar documents, for example national standards/ guidelines for service provision) for evidence-based psychosocial interventions. Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol or SOP or verification evidence-based practice is established
cii	The service ensures personnel are competent to deliver psychosocial interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/ training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training

No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
di	The service has an established protocol or SOP to ensure pharmacological interventions are evidence-based	Protocol, document, or SOP (or similar documents, for example national standards/guidelines for service provision) for evidence-based for prescribing interventions. Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol or SOP or verification evidence-based practice is established
dii	The service ensures personnel are competent to deliver pharmacological interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/ training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training
ei	The service has an established protocol or SOP to ensure recovery management interventions are evidence-based	Protocol, document, or standard operating procedure (or similar documents, for example national standards/ guidelines for service provision) for evidence-based for recovery interventions. Information from managers and personnel	Met	Protocol or SOP and verification evidence-based practice is established
			Partially met	Protocol or SOP & some verification evidence-based practice is established
			Not Met	No protocol or SOP or verification evidence-based practice is established
eii	The service ensures personnel are competent to deliver recovery management interventions	Personnel records, such as personnel qualification, credential, training records	Met	Records indicate that majority of personnel have all necessary education/ training
			Partially met	Records indicate that majority of personnel have partial necessary education/training
			Not met	Records indicate that majority of personnel do not have necessary education/training

Notes:

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders, and patients' representatives)

E1a: Examples of access KPIs include waiting times; numbers of patients from populations with special treatment needs accessing treatment, etc

E2a: Examples of KPIs include retention in treatment, bed occupancy; numbers in treatment; numbers completing treatment; patient outcomes (such as reduction in the number of days drugs were used in the last month).

E2b: Monitoring of KPIs would ideally be achieved using routine data collection and/or regular audits of patient records.

E2c. Monitoring of patient outcomes could be achieved by using validated assessment tools or outcome measurement tools.

E3a: A treatment manual or set of documents (service manuals, adapted/national/regional guidelines) that explain the range of interventions provided, patients inclusion/exclusion criterion, timetable, patient groups etc. Note: the treatment manual would not normally contain detailed documentation outlining how to deliver each intervention and the personnel competence required – _these are the protocols for interventions described below.

E3bi. A protocol or Standard Operating Procedure (SOP) is a document that explains an intervention or procedure in detail for personnel and normally includes as a minimum, a description of the intervention or issues, the patient/personnel it applies to, the expected actions (in sequence) from personnel, personnel competence required, and reporting requirements. Some interventions to reduce the negative and social consequences of drug use should ideally be provided in all localities. Interventions to reduce the negative and social consequences include: information on and linkage to services catering for basic needs (safety, water, food, shelter, hygiene and clothing); needle and syringe programmes; condom distribution programmes; overdose prevention, identification and management, including take-home naloxone; voluntary HIV/hepatitis testing and counselling; information on and linkage to services providing prevention, diagnosis and the treatment of HIV/ AIDS; information on and linkage to services providing vaccination (for hepatitis B), prevention, diagnosis and the treatment of viral hepatitis; information on and linkage to prevention, diagnosis and treatment services for sexually transmitted infections and tuberculosis; targeted information, education and communication, for people who use drugs and their sexual partners, on the effects of drugs, risks associated with drug use as well as approaches to minimize health and social harms due to drug use; information on and access to mutual-help groups (such as Narcotics Anonymous, Nar-Anon, Cocaine Anonymous and other peer-driven and mutual-support groups); anti-stigma activities, awareness raising and promotion in the community; screening and brief interventions for substance use; basic counselling; information on and access to basic medical (such as wound management) and social support (including food, hygiene and shelter) services; crisis interventions; legal support; referral to other treatment and care modalities and recovery management services; and referral to other health care and social services, as needed.

E3bii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in interventions to reduce the negative and social consequences of drug use disorders. Direct evaluation of personnel skills and experience is beyond the goals of this tool. Personnel competence is assessed by audits of personnel records and training records.

E3ci: This criterion should be applicable to all drug use disorder services. Psychosocial interventions may include one to one or group work. Interventions may include psychoeducation; cognitive behavioural therapy; motivational interviewing and motivational enhancement therapy; the community reinforcement approach; family-oriented treatment approaches; contingency management; mutual-help groups (including 12-step groups);

and housing and employment support, among others. The patient interviews should explore whether patients have a good therapeutic relationship with personnel providing psycho-social interventions.

E3cii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in specific psychosocial interventions.

E3di: This criterion may not be applicable to some services. Pharmacological interventions should be administered alongside psychosocial interventions. Pharmacological interventions may include Drug withdrawal management, Management of opioid dependence, symptomatic medications for disorders due to psychostimulant or cannabis use, overdose prevention, identification, and management.

E3dii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in prescribing and dispensing pharmacological interventions.

E3ei: Some recovery management interventions should ideally be provided by all drug use disorder services such as access to mutual aid or peer support, aftercare, recovery-checkups, or support for those leaving treatment.

E3eii: Assessors are looking for evidence personnel have skills, knowledge training or qualifications in recovery management interventions, etc.

The service promotes patients' health, safety, and human rights				
No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
P1	Patients are treated with dignity and respect and protected from abuse, malpractice, stigma, and discrimination			
a	Patients report they are treated with dignity and respect	interviews with service users Patient complaint records	Met	There are no indications of violation of patients' dignity and respect
			Partially met	Some indication patients have not been treated with dignity and respect but evidence these issues are being addressed
			Not Met	There are indications of violation of patients' dignity and respect
b	There are procedures to ensure patients' rights and privacy are respected and protected	Protocols to ensure patients' privacy. Information from service users	Met	Procedures are in place and enforced
			Partially met	There are procedures but they are not known by all patients
			Not Met	No procedures
c	The service ensures an overall health and human rights promoting environment and patients are not subject to abuse, discrimination, or malpractice	Information from service users Patient complaints records Visual inspections	Met	No evidence of abuse, restraint, discrimination, or malpractice
			Not Met	Any evidence of abuse, restraint, discrimination, or malpractice
d	The service has an established protocol and documented activities to tackle stigma and discrimination of people who use drugs	Available documentation about activities to tackle stigma and discrimination. Information from managers, personnel, and service users	Met	Protocol, information, evidence of activities
			Partially met	No protocol but some evidence of information and activities
			Not Met	No protocol, information, or activities
P2	Patients are fully informed about service rules and procedures protecting confidentiality			
a	The service has procedures protecting confidentiality that are known to service users	Service delivery protocols or other documentation with notions related to user's confidentiality. Information from service users	Met	Written procedures to protect confidentiality are in place and known to service users
			Partially met	Procedures to protect confidentiality are in place but either not written or unknown to some service users
			Not Met	No procedures to protect confidentiality in place or they are unknown for service users

No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
b	The service has written rules that are known to service users	Service delivery protocols or other documentation with notions related to rules of services. Information from service users	Met	Written service rules are in place and known to service users
			Partially met	Service rules are in place but either not written or unknown to some service users
			Not Met	No written service rules are in place or unknown to all service users
P3	**The service promotes patients' health, wellbeing, and social functioning**			
a	The service has a defined goal and interventions to improve health and well-being of patients.	Service manual/ protocols, health screening and assessment documents, health screening intervention/referral in case note audit. Health promotion documentation Patient interviews	Met	Protocol or document, most patients have health screening/assessment and/or health intervention/promotion or referral
			Partially met	Either protocol/document, some patient records have health screening/assessment and/or health intervention/ promotion or referral
			Not Met	No protocol/document, few patient records have health screening/assessment and/or health intervention/promotion/ referral
b	The service helps each patient improve their social functioning and re-integration into communities	Service manual/protocol. Social functioning and re-integration referral/ interventions in case note audit	Met	Protocol/document, most patient records have social functioning and re-integration interventions
			Partially met	Protocol/document and/some of patient records have social functioning and re-integration interventions
			Not Met	No protocol/document and few patient records have social functioning and re-integration interventions
c	Food and drink provided by the service should be affordable, nutritious, and healthy (if applicable)	Food menu in line with national guidance on healthy nutrition Special food available as needed for religious or dietary reasons, Patient survey	Met	Food/drink is provided and judged as satisfactory, most of patients positive
			Partially met	Either food/drink is assessed as satisfactory or some of patients positive
			Not Met	Food/drink is either not provided or assessed as unsatisfactory by assessors and some of patients

No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
P4	**The service has a procedure of independent complaint for patients**			
a	The service has an independent complaints mechanism established for collecting, investigating, and responding to patient complaints that is known to patients.	Patient complaints and resolution policy, investigation reports and actions taken. Information from service users	Met	Complaint's policy and most patients report knowledge of how to complain
			Partially met	Complaint's policy and/ or some patients report knowledge of how to complain
			Not Met	No complaints policy and patients unaware of how to complain
P5	**The service ensures cleanliness, fire, infection control and other serious incidence protection**			
a	The service has an established infection control protocol to minimize the spread of infections, viruses, and disease	Infection control (IC) policy IC reports Personnel records, such as personnel qualification, credential, training records	Met	IC policy or document/ consistent practice, trained personnel
			Partially met	Partial IC documents/ consistent practice or trained personnel
			Not Met	No evidence of IC policy, consistent practice, or trained personnel
b	The service meets national/local regulations for cleanliness for a health/social care facility	Certificates, and any other documents or records on meeting local regulations Field visit report	Met	All Inspection audits/ certificates
			Partially met	Some inspection audits/ certificates
			Not Met	No inspection audits/ certificates
c	The service meets national fire regulations or good practice	Certificates, and any other documents or records on meeting local regulations Personnel training in records	Met	Service has fire safety certificates/evidence of consistent practice
			Partially met	No certificates but consistent practice in fire safety
			Not Met	No certificates or consistent practice in fire safety
d	The service has established protocols and practice to manage serious incidents (SI)	SI protocol Investigation reports or improvement plans Information from managers	Met	Protocol, serious incident reports, improvement plans
			Partially met	No protocol but some serious incident reports, improvement plans
			Not Met	No evidence of protocols or practice to manage serious incidents

No	Standards and criteria	Potential sources of information	Scoring (suggested only – for discussion and cultural adaptation)	
P6	The service safely manages its medicines			
a	The service has an established protocol to ensure safe storage, prescribing and dispensing of medication	Medicines management protocol, prescribing protocols, audit, and improvement plans	Not Applicable	The service does not store, prescribe, or dispense medication
			Met	Comprehensive protocol, audit, and improvement plans
			Partially met	Partial protocol, limited audit, and improvement plans
			Not Met	No protocols or audits

Notes:

The Quality Assurance team should agree in advance the evidence required for assessments and the scoring thresholds (ideally in conjunction with stakeholders such as service providers, funders, and patients' representatives)

P1a: Patients reporting personnel treat them with respect in patient surveys has been associated with better reported outcomes in the UK and USA.

P1b: Evidence that patients' privacy is respected within the service include private space for washing, toileting, privacy when being counselled or medically examined

P1c. Abuse may be physical (e.g., beating or hitting, sexual abuse) or mental (torture, humiliating practice, abusive language etc), constraint may include being tied, chained, or locked up), discrimination (may include unfair treatment due to working with women/men, sexuality, religion, culture, race, etc), malpractice (may include non-evidence-based practice, or practice that the patient has not consented to). Any abuse should result in a 'not met score due to the importance of the need to challenge this type of practice.

P1d: Evidence to show the anti-discrimination protocol (including promotion of good relationships between diverse groups) has been established may include additional protocols on bullying or harassment based on working with women/men, sexuality, age, disability, ethnicity, language, religion etc, evidence of incidents and actions in management meetings, investigations etc. Also, activities/intervention/ service information that promote an inclusive culture.

P2a: This criterion refers to 'rules' around the principle that patient information should not be shared without their consent unless the patient, or another is at significant risk of harm. It is normal practice to share information for example, to refer the patient for healthcare (with consent).

P2b: The service has written rules, policies and expectations of patients should be explained and given to patients prior to treatment so they can give informed consent – _ (particularly if restrictions of liberty are requested by a residential or in-patient unit). Information should match the literacy level and language of the patient group).

P3a: Health and well-being includes physical and mental health including interventions to promote health. Interventions may include treatment of mental and physical health conditions, screening, assessment, brief interventions, and referral to other treatment; screening and referral for treatment for blood borne viruses, sexual and reproductive health issues, liver disease, etc.; provision of vaccinations (HEPB, viral infections etc.); health promotion activities, such as exercise, health diet, sleep hygiene, dental hygiene etc.

P3b: Social functioning and re-integration include interventions such as: building supportive

relationships; education; training; employment or life-skills (e.g., managing money, cooking); integration into society; mutual aid or peer support; aftercare etc.

P3c: Scoring for thresholds for food and drink provided by a service may vary between countries and the quality assessors should agree thresholds in line with country norms.

P4. An independent complaints mechanism should include established procedures for collecting, investigating, and responding to patient complaints while granting anonymity and protecting patients complaining from negative consequences. This should be known to patients by being explained to each patient and being advertised in patient information.

P5a: Infection control is of critical importance to drug use disorder service as the patient group be more vulnerable to catch and pass on some infectious diseases. Infection control procedures may include handing blood and body fluids (urine, faeces, vomit etc.); handling and disposal of injecting and other disposable medical equipment; needle stick injury; handling medical waste; face masks and face shields, and handwashing/disinfection. Procedures should exist for managing infections or communicable disease outbreaks including contingency planning for outbreaks, epidemics, or pandemic situations.

P5b: National/local regulations for cleanliness for a health/social care facility may vary in different localities. Sone countries may not have regulations and so assessors will need to set scoring thresholds based on country norms.

P5c: Fire regulations for a health/social care facility may vary in different localities. Sone countries may not have regulations and so assessors will need to set scoring thresholds based on country norms.

P5d: Serious incidents may include violence on premises (between patients or patients to staff), death or overdose of patients, weapons on premises etc, abuse of patients or staff, significant theft; fire etc

P6a: This criterion only applies to services that store or prescribe medication. If a service does not – score as not applicable (N/A).

APPENDIX 2: CONSIDERATIONS FOR MANAGING SERVICES FOR DIFFERENT PATIENT GROUPS.

This section outlines *'The International Standards (WHO/UNODC 2020)'* and the UNODC Services Quality Assurance Toolkits additional standards and considerations for drug treatment services managers in managing services for different patient groups. The standard statements and criteria are given below, together with an extended explanation of each criterion.

The patient groups covered in this section are:

- Children and adolescents with substance use disorders.
- Women and pregnant women
- People with drug use disorders involved in the criminal justice system.
- Working with a range of diverse groups and helping tackle stigma and discrimination.

Service managers may wish to reflect upon the standards that match the target groups for their service – and think about whether their service meeting these standards. A service may be audited against these standards and criteria to give an additional quality assurance to complement the 'Key Quality Standards'.

A2.1 Substance use disorder treatment for children and adolescents

This section is intended to inform drug treatment service managers about UNODC Service Standards on substance use disorder treatment services for children and adolescents.

i. The overall UNODC service standard is

Tar1: Drug treatment services for children and adolescents (C&A) who use substances should be age-appropriate, evidence-based, in line with legal frameworks and be driven by written protocols. Criteria: A to F

UNODC state that adolescents may use drugs and alcohol in polysubstance use patterns, so their standards refer to 'substance use' rather than drug use in line with "The Standards' (WHO/UNODC 2020). Newborn/neonates substance use disorder treatment is in Tar2.

ii) Criterion A: Substance use disorder treatment environments and settings should be specifically tailored for children and adolescents.

This standard concerns setting for C&A drug treatment. Treatment environments or settings for C&A with substance use disorders may be different from adults.

- Treatment may involve more outreach into homes or domiciliary settings, on the street, or peripatetic work in other services such as education settings or homes for children.
- Out-patient, residential, and in-patient settings should ideally be separate from adult drug use disorder treatment settings.

UNODC acknowledge that children and adolescents may live with members of their family, on the streets or be without a permanent home, in homes for children (who are orphaned or separated from families) or in correctional settings. The drug treatment service should consider the setting the C&A lives.

iii) Criterion B. The service has an established protocol to ensure substance use disorder treatment for C&A recognise legal requirements concerning consent, capacity and protecting C&A from exploitation and harm.

Children and adolescents have a different legal status from adults. This may include:

- The age of ability to consent to treatment and have understanding or capacity.
- C&A rights of protection from adult exploitation, abuse, and harm as a minor.

This varies between countries. The service protocols, procedures and practice must reflect the countries legal framework and norms.

iv) Criterion C: The service has an established protocol to ensure substance use disorder treatment for C&A is family- orientated and multidisciplinary.

Substance use disorder treatment for children and adolescents may require with greater involvement from the family. This is both due to legal requirements to involve those with parental responsibility and because it may be 'best practice' for intervention to involve family members. Examples include family members involvement in psychosocial interventions and those with parental responsibility involving in ensuring medicine is correctly stored and taken.

Drug treatment for C&A is also normally required to be multi-disciplinary and have

multi-disciplinary planning and co-ordination mechanisms. Key players may be education providers or the school, social services (particularly if there are concerns about the child's safety) and mental health services. The protocol for delivery should be family-orientated and multi-disciplinary.

v) Criterion D: The service has an established protocol to ensure that C&A substance use disorder treatment provided in line with evidence, recognising this may be different from adults

'The Standards' (WHO/UNODC 2020) recognises there is a lack of some evidenced-based treatment intervention for C&A. There is however encouraging evidence about age-appropriate psychosocial interventions. The service treatment intervention protocols should reflect evidence-based practice.

vi) Criterion E. Staff delivering treatment for C&A should have specific competence in working with C&A and in tailored substance use disorder treatment interventions

All staff delivering drug treatment interventions should be competent to provide those interventions. This standard also requests drug treatment services have staff that have specific skills and competence to work with children and young people. Some countries may have legal or professional requirements for those who work with C&A, and it is important services observe local requirements.

vii) Criterion F. The service established protocol recognises sex differences C&A and delivers treatment accordingly.

'The Standards' (WHO/UNODC 2020) outlines how substance use disorder services should recognise and respond to sex differences in C&A. This includes:

- the higher rates of sexual abuse and exploitation amongst girls and
- sexual and reproductive health differences Drug treatment services are asked to reflect these issues in service interventions outlined in service protocols, documents, and practice.

A2.2 Drug use disorder treatment for women

This section is intended to inform drug treatment service managers about UNODC Service Standards on drug use disorder treatment services for women and pregnant women.

i) The overall UNODC service standard is

Tar2: The service encourages women who use drugs to access drug use disorder treatment and ensures treatment is tailored to the needs of women including pregnant women.

Criteria: A to D

Criterion A. The service has an established protocol for working with women who use drugs with women-specific delivery considerations, assessment, substance use disorder treatment, and health and social care.

This protocol may include:

- outreach to attract women into drug treatment services.
- ensuring childcare is not a barrier to accessing drug treatment.
- consideration of women-specific services (particularly in cultures where separation of female and male services is the norm).
- assessments for women that recognise different needs and pregnancy/parental status.
- treatment interventions that are specifically tailored to women – including trauma-informed environments and interventions.
- Referral or provision of women's health and social issues.

ii) Criterion B. The service has an established protocol for working with pregnant women who use drugs.

UNODC advise drug treatment service protocol for working with pregnant women may include:

- priority access to drug use disorder treatment,
- assessment tailored to pregnant women,
- treatment planning and treatment approaches,
- baby delivery and
- postnatal health and substance use disorder treatment.

iii) Criterion C. The service has an established protocol to for the management of infants passively exposed to opioids in utero.

Drug treatment services and/or maternity services are encouraged to reflects guidance in The Standards' (WHO/UNODC 2020) and WHO on the management of infants passively exposed to opioids in utero.

iv) **Criterion D.** Staff delivering treatment for women and pregnant women should have specific competence in working with women and pregnant women and in tailored substance use disorder treatment interventions

Drug treatment service managers are advised to ensure that staff working with women and pregnant women have specific skills in working with women and pregnant women. For pregnant women this may require working in partnership with maternity services or in areas with a high density of pregnant women with drug dependence, having midwifery and antenatal staff trained drug use disorder treatment.

A2.3 People with drug use disorders involved in the criminal justice system

This section is intended to inform drug treatment service managers about UNODC Service Standards on drug use disorder treatment services for people involved in the criminal justice system.

i) The overall UNODC service standard is

Tar3: The service provides equality of access and quality of drug treatment for people in contact with criminal justice services and works collaboratively with other agencies to promote community safety.

Criteria: **A to D**

ii) **Criterion A.** The service has an established protocol to ensure people in contact with criminal justice services who use drugs receive equality of access and quality of treatment.

This criterion applies to specialist drug treatment services that provide out-patient, in-patient or residential rehabilitation treatment for people in contact with criminal justice services who use drugs. This may be treatment as an alternative to custody. This criterion recognises that the quality of intervention should have parity with treatment for other groups (including consent to treatment). UNODC acknowledge that drug treatment programmes for this population groups may vary in intensity and monitoring requirements.

iii) **Criterion B** The service has a joint working protocols and procedures with criminal justice services to co-ordinate patients' treatment.

Managers of drug treatment services that provide treatment for people in contact with criminal justice services may need to plan and manage additional liaison, treatment planning and co-ordination for this patient group. Managers are advised to have a protocol for joint working with criminal justice services that include confidentiality reporting requirements (according to country norms).

iv) **Criterion C.** Organisations providing drug use disorder treatment in custodial settings have an established protocol to ensure people in contact with criminal justice services who use drugs receive equality of access and parity of quality and range of drug use disorder treatment

Managers of drug treatment services providing treatment in custodial settings are asked to ensure equality of access and parity of the quality and range of treatment for this patient group.

This should be underpinned by an established protocol. Ideally, the protocol should include:

- joint working arrangement with custodial staff and healthcare staff.
- assessment.
- emergency treatment.
- consent.
- treatment planning and review.
- tailored drug use disorder treatment options.
- post custody though-care planning.
- overdose prevention and
- provision of naloxone for those with a history of opioid use.

v) **Criterion D.** Service providers working with people with a history of opioid use who leave custodial settings provide interventions to reduce the risk of drug-related death including risk of opioid overdose.

People who leave custodial settings who were dependent on drugs or alcohol are at a higher risk of relapse, overdose and drug or alcohol related death. If a person has had a period of being drug or alcohol free or had very reduced levels of use, they have less tolerance to drugs or alcohol. If they use drugs or alcohol at the same level they did when they were dependent, this may result in an overdose and even death (particularly from opioids). Some research from the UK indicates that one in 200 people who have been opioid dependent who leave prison die of an overdose within 2 weeks of leaving custody. Service managers who provide treatment for people with drug use disorders who leave custody should provide intervention to prevent drug-related deaths. Interventions include

information for people who use drugs (and alcohol) and people who inject drugs (PWID on how to prevent drug-related deaths; overdose prevention training; provision of naloxone for people who use opioids; and facilitated referral to drug treatment.

A2.4 SUD treatment for different patient groups

This section is intended to inform drug treatment service managers about UNODC Service Standards on drug use disorder treatment services for diverse groups.

i) The overall UNODC service standard is

Tar4: Services will provide equality of access and appropriate treatment for a diverse range of its target groups population.

Criteria A to D

In this standard, 'diverse populations' refers to the different target population groups for a service. This may include population groups as defined by race, ethnicity, culture; age; sexuality, disability; faith; religion; parental status; housing status; displaced populations; specific types of drug use, people who inject drugs; etc.

ii) Criterion A. The service will promote equality of access for its target population and have strategies to engage groups who are not accessing drug treatment.

Services will vary greatly. Some services will have specific target groups such as men or people who inject drugs only. Other services may be for a local area and all the local diverse population. Service managers should have strategies to promote equality of access and engage target groups not accessing the service, such as outreach to engage groups or deliver services in their environments.

iii) Criterion B. The service has an established protocol to ensure it delivers treatment interventions in a manner that meets the requirements of diverse groups.

The protocol may include:

- specific women-only groups.
- timetable that respects religious practice.
- service timetable organised to meet the requirement of people who work.
- childcare for patients who are parents with childcare responsibilities.
- service information and interventions in local languages and dialects.
- a service that is culturally sensitive and
- culturally competent for local populations.

iv) Criterion C. The service has a protocol to encourage access to treatment for parents who use drugs and supports their dependent children.

Having dependent children can be a barrier to treatment especially for women due to shame, stigma, potential involvement of social services, fear of having children removed and having childcare responsibilities (as outlined in 'The Standards' (WHO/UNODC 2020). Dependent children of parents with drug use dependence may have needs of their own and be more vulnerable to neglect or abuse. In many countries the welfare of children and young people is paramount, and services have a duty to ensure children are safe and thriving. Services should have a protocol that encourages access to drug use disorder treatment for parents with drug use disorders, enquires about parental status, increases parenting skills, and takes steps to support and protect children in accordance with country legal frameworks.

v) Criterion D. The service has staff that are trained and competent to work with diverse groups.

Staff competence refers to skills and knowledge in working with the services range of population groups. The staff team would, ideally have cultural competence and language skills to be able to work with all target population groups.

vi) Criterion E. The service has an established protocol to ensure the service reduces the burden of stigma and discrimination of people who use drugs and promote good relations and respect amongst its diverse patient group/s.

This criterion requires a service to undertake.

activities to reduce stigma and discrimination against people who use drugs with the local community and promote good relationships and respect within its patient group. Evidence may include: a protocol; evidence of community activities to reduce stigma, activities within the service to promote respect between within the patient group/s etc. See also section 5.1: The

service ensures timely access for its target groups

APPENDIX 3. CONSIDERATIONS FOR MANAGING DIFFERENT TYPES OF DRUG TREATMENT SERVICES.

A3.1 *'The International Standards (WHO/UNODC 2020)'* and the UNODC Services Quality Assurance Toolkits outline additional standards and considerations for drug treatment services managers in managing services for different patient groups. The standard statements and criteria are given below, together with an extended explanation of each criterion.

The types or services or settings covered in this section are:

- Outreach
- Settings not specialized to provide substance use disorder treatment.
- Specialized out-patient or community-based treatment programmes.
- Specialized In-patient services
- Specialized Residential Rehabilitation units.

Again, service managers may wish to reflect upon the standards that match type of service provided– and think about whether their service meeting these standards. A service may be audited against these standards and criteria to give an additional quality assurance to complement the 'Key Quality Standards'.

A3.1 Outreach services

Outreach is a setting or delivery mechanism for an intervention rather than an intervention itself.

Outreach work may be peripatetic or satellite (in other mainstream services), domiciliary (in patient's homes) or detached (or street work). Outreach services or interventions may be provided by specialized drug treatment services or other service providers. A range of interventions may be delivered during outreach.

Additional UNODC Service Standards. Set 1: Community-based outreach services.

Criteria: A to O

i) **Criterion A:** The outreach service has an established protocol

Service managers should ensure any outreach services has a written protocol that reflects the outreach services aims, objectives, working methods (e.g., detached outreach), outputs (such as numbers reached) and desired outcomes.

ii) **Criterion B:** The outreach service has strategies to identify those in the community or public spaces who need outreach interventions and drug use disorder treatment.

The service manager should have strategies or plans on how it will identify and reach people with drug use disorders to provide interventions and treatment. Managers may wish to liaise with community stakeholders including people with lived experience of drug use disorders or recovery. Mangers should ensure that the outreach service plans are tailored to local needs and local target patient groups.

iii) **Criterion C.** The outreach service has a protocol or agreement with law enforcement.

'The Standards' (WHO/UNODC 2020) recommend outreach services providers have agreements between health and law enforcement and promotes a mutual understanding of the benefits of outreach work. This agreement may also include how law enforcement will police areas when outreach staff are working and plans to increase staff safety.

v) **Criterion D.** 'Core outreach services' outlined in 'the Standards' (WHO/UNODC 2020) are delivered - in line with local needs.

The core outreach services outlined in 'the Standards' (WHO/UNODC 2020) are:

- Information on and linkage to services catering for basic needs (safety, water, food, shelter, hygiene, and clothing)
- Access to Needle and syringe programmes
- Access to condom distribution programmes
- Overdose prevention, identification, and management, including take-home naloxone.
- Voluntary testing for HIV/hepatitis and allied counselling
- Information on and linkage to services that prevent, diagnose, and treat HIV/ AIDS

- Information on and linkage to services that vaccinate for hepatitis B, and prevent, diagnose, and treat viral hepatitis.
- Information on and linkage to services that prevent, diagnose, and treat sexually transmitted infections and tuberculosis.
- Targeted information and education for people who use drugs and their sexual partners, on the effects of drugs, risks associated with drug use and how to minimize health and social harms due to drug use.
- Information on and access to mutual-help and peer support groups (such as Narcotics Anonymous, and other groups)
- Anti-stigma activities, awareness raising and promotion in the community.
- Screening and brief interventions and referral to treatment (SBIRT) for substance use
- Basic counselling
- Information on and access to basic medical care (such as wound management)
- Information on social support services, including food, hygiene, and shelter.
- Crisis interventions
- access to legal support.
- Referral to other drug treatment services and recovery management services, and
- Referral to health and social services.

'The Standards' (WHO/UNODC 2020). also state that "for people who inject drugs a description of evidence-based interventions to prevent HIV and some other infections associated with injection drug use and improve access to HIV treatment and care is available in the WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users, published in 2009".

vi) **Criterion E.** The outreach service has an established protocol to promote early interventions for drug use disorders and related problems.

Early interventions are targeted interventions for people who have just begun drug use. They may include education and substance use and risks, Screening, Brief Interventions, and referral to treatment (SBIRT), referral to other services. Service managers should ensure the service has a protocol for early interventions and this is implemented by the service and the staff.

vii) **Criterion F.** The outreach service has an established protocol to promote early interventions for drug use disorders and related problems in populations with special needs.

This criterion is like criterion E above but refers to population groups with special needs who may be more at risk of developing drug use disorders and related issues such as blood-borne viruses or overdose. These population groups will vary according to local needs.

viii) **Criterion G.** The outreach service distributes.

Information about drug treatment to individuals

and services in contact with potential patients

Information in this criterion may be digital, paper-based or through meetings. Information should fit the language, literacy levels, culture and understanding of the target population.

ix) **Criterion H.** The outreach service has an

established protocol to promote voluntary access.

to drug use disorder treatment (with consent)

Part of the role of many outreach services is to attracted people with drug use disorders into drug treatment. Service managers should ensure services have a protocol to promote voluntary access to treatment. The Protocol and practice

may include 'fast track' pathways or referral routes with pre-existing links or agreement to other services. Potential patients should be encouraged to seek treatment if they need it but should not be forced to attend. Consent for referral to treatment should always be requested from potential patients.

x) **Criterion I.** The outreach service has an established protocol to support family members and communities to facilitate engagement of people with drug use disorders.

Family members and community can be valuable conduits to drug use disorder treatment. Family members may also require support due to the negative impact of a family member with a substance use disorder. Protocols to support and engage family members and local community members may include:

- educating family about drug use disorders.
- education sessions for the local community

on drug use disorders and treatment.

- raising awareness of drug treatment, and what is locally available.
- referral or provision of professional support for family members.
- referral to peer support for family members
- (Such as families anonymous; Al-anon etc).
- support for community members to enable them to help people with drug use disorders achieve recovery outcomes -for example, employer support; support to enable people maintain stable housing or tenancies etc.

xi) **Criterion J.** The outreach service keeps records of onward referrals.

It is good practice for outreach services to keep records on onward referrals for patients. Referrals can then be followed up to check patients attended o were accepted. Records may be kept on client records or in a referral log.

xii) **Criterion K.** The service ensures peer outreach workers should be officially employed and provided with support.

This standard links to standard on managing Human Resources (see section x). Outreach staff that ae peer-support workers or 'experts by experience' deserve employment in line with other staff. This includes being competent to deliver interventions and being fully supported to do so. Staff with lived experience of substance use disorders also may have health issues or vulnerabilities and be at risk of relapse without proper management supervision and support.

xiii) **Criterion L.** The service ensures outreach workers are competent to provide the interventions they deliver.

This standard links to standard on managing Human Resources (see section x) and Criterion K above. Outreach staff can range widely – from nursing staff providing vaccinations, to social workers providing housing support to peer support workers who are 'experts by experience'. Managers should ensure that all staff providing outreach should be certified and/or trained in the interventions they deliver. They should also be supported to ensure safety and prevent burn-out.

xiv) **Criterion M.** The outreach service has an established policy to ensure staff and patient health and safety.

The service manager should ensure the outreach.

service has a written policy, and that practice is in line with this policy. An outreach health and safety policy should reflect the service provided and the country norms and legal framework. The policy may contain (as applicable):

- details of risk assessment and management procedures for outreach services provided, including risk assessment for workers providing interventions in patient homes.
- for safety, detached work is always normally by a minimum of two staff and staff are provided with a mobile phone.
- details of agreed check-in/check-out systems including staff check-in after completing a specific task and a diary where staff note where they will be working; and
- partnership agreements with local providers, community bodies, and police to support the aims of the outreach work and respond to emergencies if they arise.

xv) **Criterion N.** The outreach service has established links and collaborates with communities and stakeholders.

Local communities may welcome outreach work to help people with drug use disorders or they may be hostile. Other stakeholders, such as health emergency departments or hostels for people who are homeless may welcome staff from drug treatment services providing interventions within their service – but clarity will be required about staff responsibilities, reporting and boundaries. It is therefore helpful to have clarity about how the drug treatment service will work with a stakeholder or a community. Memorandums of understanding (MoUs) or standard operating procedures (SOPs) that are agreed between the service and its stakeholders may be helpful. Agreed referral pathways may also be beneficial.

xvi) **Criterion O.** The outreach service monitors outreach interventions against their objectives and outcomes.

As with other drug treatment service, it is good practice to monitor outreach services. Outreach service monitoring may include:

- numbers of people reached or provided with interventions.
- the types of interventions delivered.
- number of referrals made etc.

A3.2 Settings not specialized to provide substance use disorder treatment. Additional standards

Settings not specialized to provide substance use disorder treatment are normally mainstream health, social welfare services or criminal justice settings such as prisons. Drug treatment services may be asked or funded to provide interventions in these settings. In these instances, the following standards apply.

Additional **UNODC Service Standards. Set 3: Settings not specialised for the treatment of people with substance use disorders.**

Criteria **A - G**

Criteria A. The service has an established protocol to screen populations with high prevalence of drug use and drug use disorders.

Some mainstream services may have a high prevalence of people with drug use disorders. Examples of this may include prison; emergency departments; services to treat blood borne viruses such as Hepatitis B and C or HIV/AIDS; or primary care services in certain geographic locations with higher prevalence of drug production or use. Populations with a high prevalence of drug use disorders will vary from area to area. Defining the target population and location should be based on a local needs assessment. Screening is also covered by criterion B below.

Criterion B. The service has an established protocol to screen for drug use disorders when there are clinical signs of drug use.

Criterion C. The services ensure health and social care staff are competent in SBIRT.

Criterion D. This criterion is designed to ensure non-specialised settings deliver SBIRT and treatment in line with human rights and participation in SBIRT and treatment is voluntary.

Criterion B, C and D are linked, and all refer to the provision of SBIRT (Screening, brief interventions, and referral to treatment). One protocol may cover all three criteria. Screening may be undertaken by administration of a screening tool or by analysis of urine or blood samples. Screening and referral to treatment should require consent from the person being screened. There may be instances where urine or blood samples are tested for drug or alcohol (such as in emergency departments when unconscious patients have suspected overdose). In principle, managers should ensure that SBIRT and resulting treatment is provided so that human rights are upheld, confidentiality assured, and participation is voluntary. This should be reflected in protocols.

'The Standards' (WHO/UNODC 2020) gives examples of evidence-based methods for delivering screening (and brief interventions) including 'FRAMES'. SBIRT may be provided by specialized drug treatment staff or non-specialized staff if they are competent. Staff competence refers to staff having knowledge and practical skills in delivering an intervention. WHO MH-GAP Substance Use Disorders resources has on-line SBIRT training. https://apps.who.int/iris/handle/10665/259161

Criterion E. The service has an established protocol for assessment, management, and referral of drug-induced acute conditions.

Drug-induced acute conditions may include drug overdose; drug-induced physical health problems; drug-induced mental health issues such as symptoms of psychosis etc. Mainstream services – particularly emergency health services often are the first line of response in preventing drug-related harm or death. However, acute conditions and overdoses may occur in a variety of settings including custodial settings, hostels, college, or university campus etc. The service is therefore advised to have an established protocol for the assessment and management of drug-induced acute health conditions and onward referral based on local need.

Criterion F. The service has formalised referral and co-ordination protocols or arrangements with other service providers.

Formalised referral and co-ordination with specialised drug treatment and other mainstream services may be required to meet the needs of people with drug use disorders who are accessing mainstream services. These may be particularly beneficial in settings with higher rates of people with substance use disorders or with services that can meet the wider needs of patients with substance use disorders (for example, housing; mental health services; criminal justice services).

Criterion G. The service ensures staff that deliver specialised drug use disorder treatment are competent.

In some areas, non-specialized services and staff deliver drug use disorder SBIRT or even treatment interventions. Like any staff

delivering DUD treatment, managers should ensure that these staff should be competent and have the knowledge, skills, and experience to do so.

A3.3 Specialized out-patient or community-based treatment programmes: Additional standards.

Specialized out-patient or community-based treatment services are those that are designated or designed with the primary aim of providing treatment for drug use disorders. These services see patients on an out-patient basis whilst they live in their normal residence. Treatment may be provided by people attending the service, by receiving remote access interventions via the internet or telephone, or by domiciliary visits to patient's homes.

Additional UNODC Service Standards. Set 4: Community-based outreach services.

Criteria: A to G

Criterion A. The service has an established protocol for the voluntary testing for HIV and common infectious diseases and Hepatitis B vaccination.

Criterion B. The service has an established protocol to ensure referral or provision of treatment for HIV, Hepatitis and Tuberculosis (TB)

Criteria A and B are related, and drug treatment service managers may wish to include both criteria in one protocol. Some populations of people with drug use disorders have a higher prevalence of blood borne viruses and infections that the general population. Drug treatment managers should ensure there is a protocol and established practice and procedures for voluntary testing (not enforced testing) for the presence of viruses and infections. Some services include this in comprehensive assessment processes of if a person has been exposed. This practice can help people access treatment or vaccination (Hepatitis B). Similarly, the service manager should ensure there are established referral pathways or provision of treatment for HIV, Hepatitis and TB. If the patient is referred to a different service whilst receiving treatment for viruses and infections, joint-working and an agreed protocol is advisable.

Criterion C. The service provides information about 24-hour emergency services to patients and family members.

24-hour emergency services may be required for patients with drug-related health issues (such as overdose or health issues) or other services such as social services. Patients and family members should be enabled to access 24 hr emergency services by providing them in information for these services (such as emergency health departments and helplines). Information should be in a format suitable for the language, literacy and culture of patients and family members.

Criterion D. The service has an established protocol to provides or refers patients with co-morbidities for treatment for physical and mental health issues.

The service manager should ensure there are established referral pathways or provision of treatment for co-morbid or co-occurring health conditions.

Physical health issues may include:

- Blood Borne Viruses
- injecting site issues,
- infections,
- liver disease,
- malnutrition, etc.

This criteria links to Criteria A and B.

Mental health conditions may range from anxiety and depression, post-traumatic stress disorders, to schizophrenia and psychosis.

Protocols and practice should include identification, assessment, referral or treatment provision and joint working.

Criterion E. Laboratory services are available for the monitoring and compliance with treatment.

Out-patient drug treatment services may require access to laboratory or drug testing services that provide drug testing, testing for blood borne viruses and infections etc. Drug treatment managers may have these services on their premises or may have arrangement with local hospitals or laboratories.

Criterion F. The services have an established protocol to ensure that non-compliance with a treatment programme alone should not be reason for an involuntary discharge from treatment.

Drug use disorders can be challenging long-term conditions and may be chronic and

relapsing. In specialised drug treatment services, non-compliance with a treatment programme alone (particularly continued substance use or relapse) should not be reason for involuntary or forced discharge. Out-patient programmes should make every effort to ensure the programme fits the needs of the patient. Drug treatment services manager should underpin this practice with established protocols.

Criterion G. The service has established policies for the management of specific risks including intoxication and suicide risk.

Intoxication, overdose, and risks of suicide may be common issues amongst people with moderate to severe drug use disorders. Risk management of these issues – on premises and supporting people in their treatment journeys is therefore critical. Many drug treatment services undertake patient risk assessments as a routine part of comprehensive assessment and treatment planning – with plans made with patients to mitigate risks – particularly those relating to overdose and suicide.

The service should also have established protocols and practice to manage risks of patients who are intoxicated, or who self-harm or attempt suicide on the premises. The protocol should include rules about intoxication in patients, patient information; substance use on premises, management of the environments (regularly checking toilets) and managing acute health issues. All staff should be trained and competent in following procedures and naloxone should be available in services treating patients with opioid use disorders.

A3.4 Specialized In-patient services: Additional standards

Specialized short-term in-patient treatment services are those that are designated or designed with the primary aim of providing treatment for drug use disorders. These services have patients as in-patients – normally in hospital settings for up to three months.

Additional UNODC Service Standards. Set 5: Specialised short-term in-patient services.

Criteria: A to H

Criterion A. The service has established policies for the management of specific risks including intoxication and suicide risk.

Intoxication and risks of suicide may be common issues amongst patient in in-patient drug treatment services. Risk management of these issues – on premises and supporting people in their treatment journeys is therefore critical.

The service should also have established protocols and practice to manage risks of patients who are intoxicated, or who self-harm or attempt suicide on the premises. The protocol should include rules about intoxication in patients, patient information; substance use on premises, management of the environments (regularly checking toilets) and managing acute health issues. Many drug treatment services undertake patient risk assessments as a routine part of comprehensive assessment and treatment planning – with plans made with patients to mitigate risks – particularly those relating to relapse and suicide. All staff should be trained and competent in following procedures.

Criterion B. The service has on-site or off-site laboratory and other diagnostic facilities

In-patient drug treatment services may require access to laboratory or drug testing services that provide drug testing, testing for blood borne viruses and infections etc. Drug treatment managers may have these services on their premises or may have arrangement with local hospitals or laboratories.

Criterion C. The service has an established protocol to ensure emergency support or transportation in case of life-threatening complications of withdrawal syndrome or other health conditions

In-patient service managers should ensure the service can either treat patients or transport patients to emergency health services in the case of life-threatening health conditions including severe withdrawal, overdose, or other health conditions. In-patient services sometimes work with patients with severe or complex substance use disorders and co-morbid health issues and so links and protocols with emergency hospital departments are important as one service can rarely provide all types of emergency treatment in all circumstances. All staff should be trained and competent in following procedures and naloxone should be available in services treating patients with opioid use disorders.

Criterion D. The service has an established protocol to ensure that procedures with known risks have risk/benefit evaluations to ensure the least patient risk.

Most substance use disorder treatment incurs risks – such as medication side-effects, increased vulnerability of overdose due to loss of tolerance after detoxification, etc. In keeping with all healthcare, risk/benefit analysis should be undertaken by clinicians and the least risky option taken. Given the high risk of relapse (and possible overdose and death) after in-patient treatment, some countries recommend in-patient treatment for those with opioid use disorders should only be provided if it is followed by out-patient treatment and recovery management support to prevent relapse.

Criterion E. The service has established links to services that facilitate interventions with children and family members who need them.

Male and female patients may have children and family members that require support. Services should ensure they can link family members to services that could help meet their needs, including social welfare services for children of patients if required.

Criterion F. The structure and management of the organisation is defined.

All drug treatment services should have clearly defined structures and management. In-patient services may be stand-alone or located within secondary healthcare hospitals or mental health hospitals. In these circumstances, clarity of structure, management and responsibilities is particularly advised.

Criterion G. The service has established policies for safe working conditions and management of unsafe situations.

Managers of in-patient services should make sure there are protocols and established practice and procedures to ensure patient and staff safety. Protocols to ensure patient and staff safety are critical to al healthcare services, but in-patient services may have requirements due to providing 24-hour care, 7 days a week, having vulnerable and ill patients and being in a hospital or hospital-like setting. Protocols should include: the management of unsafe situations such as violence; outbreaks of infections; sufficient staffing over 24-hour periods and safe working conditions.

Criterion H The service established information and patient consent to treatment include explicit reference to requirements that restrict liberty for patients in residential and inpatient settings.

In-patient services may require some restriction of liberty as a condition of treatment. An example of this may no drug or alcohol use on premises; curfews; requirements to attend programmes etc. Patients should be formally made aware of restrictions of liberty in advance of admission and their explicit consent sought and gained to impose restrictions on behaviour. Consent should be noted in patient records.

A3.5 Specialized Residential Rehabilitation units: Additional standards.

Specialized residential rehabilitation units are treatment settings that are designated or designed with the primary aim of providing longer term treatment for drug use disorders in a residential setting. Patients or residents may stay for up to a year.

Additional UNODC Service Standards. Set 6: Specialized Residential Rehabilitation units.

Criteria: A to M

Criterion A. The service has a structured and consistent daily schedule of group activities.

The Standards' (WHO/UNODC 2020) 'stipulate that long term or residential rehabilitation services should have a written structured daily schedule of group activities as part of their documented approach.

Criterion B. The treatment programme has a clear chain of clinical accountability.

'The Standards' (WHO/UNODC 2020) requests long term or residential rehabilitation services to have a clear chain of clinical accountability. This would normally involve medical staff.

Criterion C. The service has an established policy that clearly defines privileges and with a rationale and process for allocating them.

Long term or residential rehabilitation services frequently have programmes that include patients or residents earning privileges. These services should clearly define privileges and have clear rationale and process for allocating them. Processes should be fair and transparent.

Criterion D. The service has an established protocol to ensure it takes responsibility for maintaining and improving patents health.

Long term or residential rehabilitation services are likely to may have patients or residents with a range of health conditions in addition to substance use disorders. Residential rehabilitation units have a responsibility and duty of care to its patients or residents for maintaining and improving their health during their stay. This may include ensuring residents have a medical assessment as part of their comprehensive assessment (by unit staff or a linked medical professional such as a GP), residents should have access to primary health care and, if required be registered with a local GP or primary health care service. The unit have need to foster referral to address secondary health care issues including care co-ordination and the management of residents' medication on the premises. It is also good practice to ensure the programme contains health and well-being education, health promotion, physical exercise, and mental well-being elements to improve residents' health.

Criterion E. The service has an established protocol to prepare individuals for independent living in the wider community.

Preparing people with drug use disorders for independent living in the community after discharge is an important role of residential rehabilitation units. Relapse is very common on leaving in-patient and residential rehabilitation services and the service should do everything it can to help residents build recovery assets in preparation for when they leave. This may include:

- life-skills training.
- vocational training.
- acquiring suitable housing.
- helping the resident gain positive social networks (including family relationships and peer-support groups) before they leave.
- developing aftercare plans with relapse prevention strategies etc.

Some residential rehabilitation units have programmes that increase residents expose to the community in the months before they leave such as employment or volunteering. Others may encourage residents to 'go home' at weekends. All residents should have aftercare care plans and throughcare to recovery management support prior to leaving a residential rehabilitation unit.

Criterion F. Registered care homes and other long-term facilities should meet national minimum standards for residential services.

Many countries have registration, certification or minimum standards for residential care facilities that should be met to legally operate a service.

Criterion G. The service has an established defined protocol for the expulsion of patients due to violation of treatment programme rules.

Criterion J. Individual treatment plans map out alternatives that may be pursued in case of failure of expulsion from treatment.

"The Standards' (WHO/UNODC 2020) stipulates that long term or residential rehabilitation services should have a written protocol in case of patient expulsion due to violation of a treatment programme. It is important to consider whether this kind of discharge is appropriate as sudden discharge may put the patient or resident at significant risk of relapse (and overdose death if they use opioid drugs). Lapse, even in residential settings is common, and learning from lapse is part of a recovery journey for many with drug dependence. If discharge is absolutely needed, it is good practice to ensure the resident has a discharge plan before they leave and are referred to an out-patient drug treatment service, recovery management support and housing before they leave.

Criterion H. The service has established policies for the management of specific risks including intoxication and suicide risk.

Risks of suicide (and risk of intoxication) may be issues amongst patients or residents of residential rehabilitation units. Risk management of these issues – on premises and supporting people in their treatment journeys is therefore critical.

The service should also have established protocols and practice to manage risks of patients who are intoxicated, or who self-harm or attempt suicide. The protocol should include rules about intoxication in patients, patient information; substance use on premises, management of the environments (regularly checking toilets) and managing acute health issues. Many drug treatment services undertake patient risk assessments as a routine part of comprehensive assessment and treatment planning – with plans made with patients to mitigate risks – particularly those relating to relapse and suicide. All staff should be trained

and competent in following procedures.

Criterion I. There is an established protocol to ensue patient discharge is based upon consideration of patient recovery status.

'The Standards' (WHO/UNODC 2020) stipulates that long term or residential rehabilitation units should ensure that patient discharge is based on consideration of the patient's recovery status. Issues that should be taken into consideration include whether a resident has built sufficient 'recovery capital' to enable them to have voluntary control over their substance use. Wider recovery capital is also important such as: housing; social networks; employment; how to spend leisure time; preparedness to live in the community without relapse etc. Service manager should ensure that the service discharge protocol and practice, takes an individual's recovery capital into account when decide the right time to discharge them. All residents who are discharged should have an aftercare plan and on-going recovery support.

Criterion K. The service has established policies for safe working conditions and management of unsafe situations.

Managers of residential rehabilitation services should make sure there are protocols and established practice and procedures to ensure patient and staff safety. Protocols to ensure patient and staff safety are critical to all healthcare services, but residential services may have requirements due to providing 24-hour care, 7 days a week, having residents with severe or complex substance use disorders that cannot be addressed in out-patient settings. Protocols should include: the management of unsafe situations such as violence; outbreaks of infections; sufficient staffing over 24-hour periods and safe working conditions.

Criterion L. The structure and management of the organisation is defined.

All drug treatment services should have clearly defined structures and management. Residential rehabilitation units may be stand-alone or part of a wider network of drug treatment services. In these circumstances, clarity of structure, management and responsibilities is particularly advised.

Criterion M. The service established information and patient consent to treatment include explicit reference to requirements that restrict liberty for patients in residential and inpatient settings.

Residential rehabilitation services may require some restriction of liberty as a condition of treatment. An example of this maybe 'no drug or alcohol use on premises'; staying within the confines of the residential rehabilitation unit for a set period; curfews; limited access to friends or family; requirements to attend programmes etc. Patients or residents should formally be made aware of restrictions of liberty in advance of admission and their explicit consent sought and gained to impose restrictions on behaviour. Consent should be noted in patient records.

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